

2024 DIRECT CARE WORKER SURVEY REPORT

North Carolina Medicaid

NOVEMBER 2025

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Acronym List

COLA	–	Cost-of-Living Adjustment
DCW	–	Direct Care Worker
HCBS	–	Home and Community-Based Services
ICF-IID	–	Intermediate Care Facility for Individuals with Intellectual Disabilities
IRS	–	Internal Revenue Service
NC	–	North Carolina
NDWA	–	National Domestic Workers Alliance
PTO	–	Paid Time Off

1. Executive Summary

North Carolina-specific studies predict a significant increase in various population groups, such as aging individuals 65 and up, individuals living with Alzheimer's disease, individuals seeking in-home care, and individuals in need of long-term services and supports as people are living longer, often with chronic health conditions.¹ These growing population groups with health needs require a workforce that can sustain care that is being adequately provided, and studies project that North Carolina's direct care workforce would need an influx of 20,000 direct care workers (DCWs) by 2028.¹ However, lingering challenges that prevent the direct care workforce from growing as needed have been and continue to be low wages, limited career development and high turnover rates among others.²

With salary and wages being one of the long-standing challenges to DCW job retention, the North Carolina (NC) Operations Appropriations Act of 2021 approved a Medicaid funding allocation for one-time bonuses up to \$2,000 for eligible DCWs and support staff.^{3,4} The NC Operations Appropriations Act of 2021 also approved a funding allocation to apply wage increases for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) DCWs.^{5,6} For DCWs to receive the one-time bonus and/or wage increase, DCWs and providers had to meet specific eligibility requirements.⁵ Funds were then distributed by NC Medicaid to providers who were to then distribute to DCWs.⁶

The DCW survey focused on factors that previous research indicates contribute to high turnover rates in the direct care workforce such as low rate of pay, lack of training programs and opportunities for professional development, heavy workloads, inadequate access to health benefits and job dissatisfaction.^{1,7,8} The DCW survey was a single mixed-methods, research-based questionnaire that included four domains: demographics, benefits, satisfaction, and the one-time bonus/wage increase initiative. Responses were anonymous and not shared with DCW employers. The survey was initially proposed to be fielded from June 2024 to September 2024 but was extended to October 2024 for a total of 18 weeks. NC Medicaid collaborated with the National Domestic Workers Alliance (NDWA) and North Carolina provider agencies to develop the sample and distribute the QR-code used to access the survey.

78.0% of the state's counties were listed as counties served by respondents, providing broad statewide coverage of NC's direct care workforce. Most DCWs described their employer as an agency with multiple employees working in private homes and community settings like group homes, rather than institutions like nursing homes and facilities or assisted living centers. Very few DCWs worked directly with clients or family members of the client, and few were paid through a fiscal intermediary company. Tenure varied among DCWs where most reported working as DCWs for either one to four years or 15 or more years when more than half of the DCWs reported working more than 40 hours in a typical week.

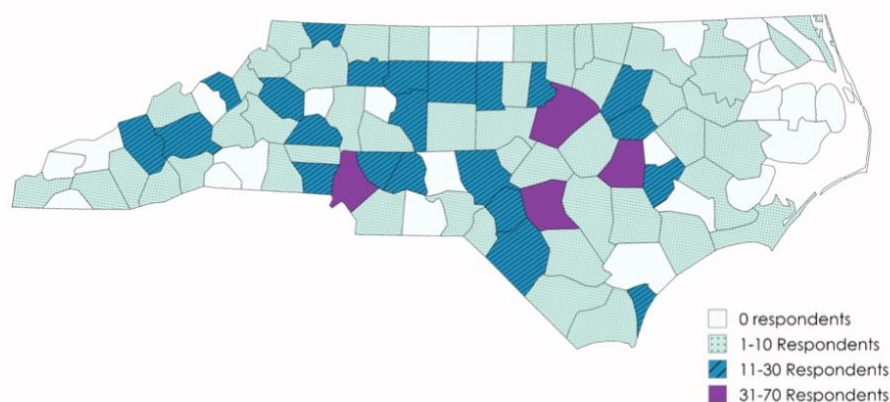
Responses highlighted key challenges other than compensation faced by NC DCWs in the direct care workforce such as the lack of paid time off (PTO), health benefits and mileage reimbursement where many DCWs travel between sites. Job retention was an element of inquiry for DCWs in this survey, and it was revealed that the top factors influencing DCWs decision to

stay in their current positions include salary, a healthy and safe working environment and schedule flexibility. Generally, DCWs reported seamlessly receiving the one-time bonus/wage increase from their provider/employer. Essentially, to support the direct care workforce retention and satisfaction, compensation and access to benefits must be improved.

KEY QUANTITATIVE FINDINGS

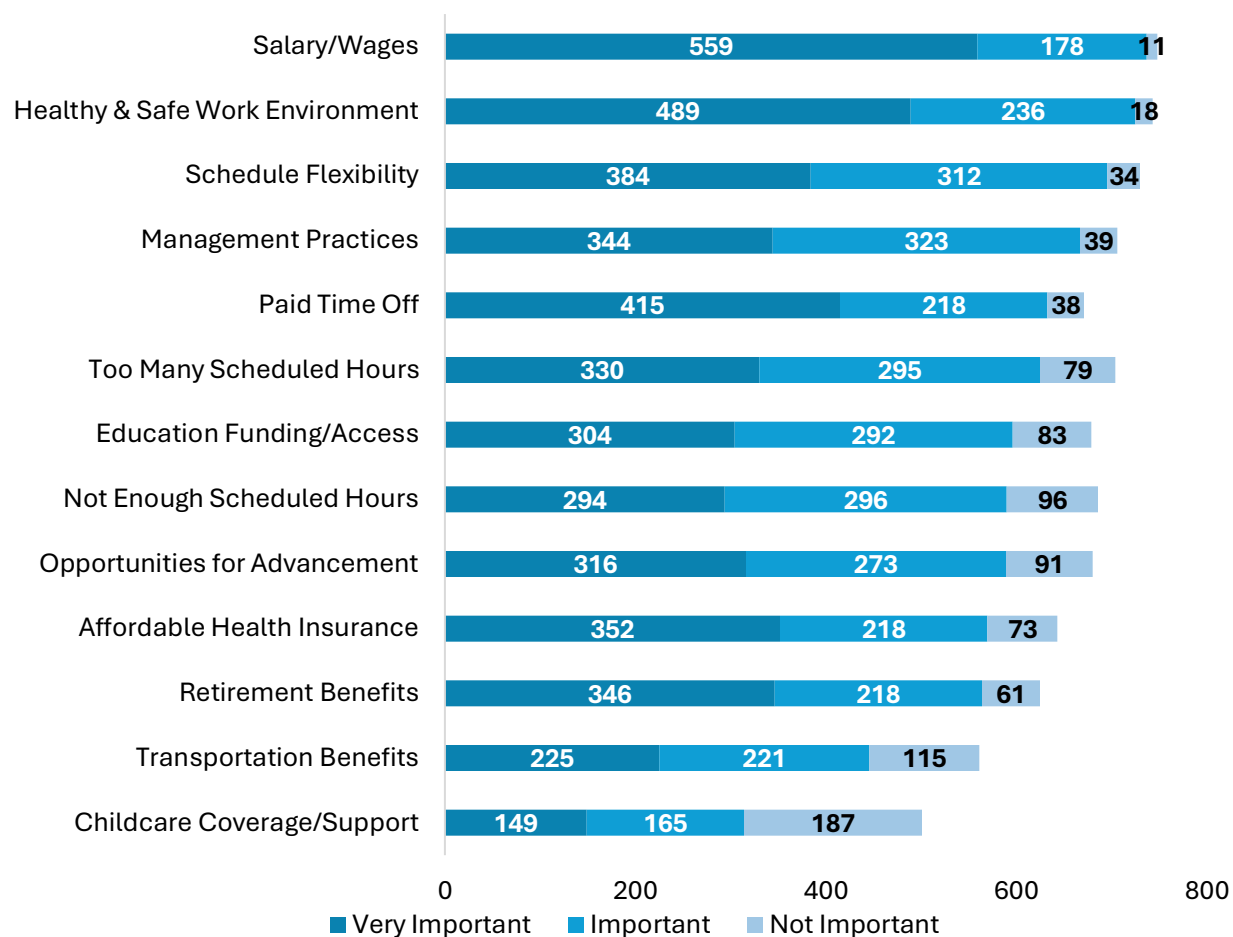
The NC Medicaid DCW survey collected 765 valid responses across 78 of 100 North Carolina counties, representing 78.0% statewide geographic coverage, as seen in Figure 1-1. Survey responses were collected from rural and urban counties of North Carolina.

Figure 1-1. North Carolina DCW Survey Respondents, by County



Compensation & Benefits Challenge

A considerable portion of DCWs reported having limited access to essential employment benefits. About one-third (33.7%) reported that they do not have access to PTO, and 32.0% reported their employer does not offer health insurance. Nearly half (49.3%) of the DCWs reported not being reimbursed for mileage when traveling between sites. Noticeably, of the DCWs who were offered health insurance, only half (50.1%) of them could afford to enroll or participate, which identified financial pressures as a key factor in job retention. This is further illustrated in Figure 1-2 where DCW respondents indicated the level of importance certain job retention factors were to them.

Figure 1-2. DCW Survey Respondent Job Retention Factors, by Importance

Job Role Descriptions

Survey participants were asked how they would describe themselves as DCWs. Nearly half (44.9%) of survey respondents reported that they describe their role as DCWs over personal care aides (18.5%) or certified nursing assistants (15.3%). The remaining 21.3% of survey respondents reported working in other related roles within the direct care workforce such as home health aide, registered nurse, habilitation technician and others. Respondents were able to select more than one role when asked how they identify themselves as DCWs, and the question also permitted write in responses for “Other” role(s). It is worth noting there were many survey respondents who selected more than one direct care workforce role to describe themselves as DCWs such as personal care aide and DCW, certified nursing assistant and home health aide, and some even selected a combination of home health aide, personal care aide, DCW and occupational therapist among other combinations. When survey participants were asked how

they described their employer, the majority (92.8%) of them chose the response option “an agency with multiple employees”. Among those that indicated they work for an agency with multiple employees, 70.1% of them reported working in an urban county, 29.2% reported working in a rural county, and 0.7% reported working in a mixture of rural and urban counties.

Populations Served

Most (90.8%) DCWs reported that they provide care to individuals living with intellectual or developmental disabilities, followed by DCWs (64.4%) who provide care to individuals with physical disabilities. More than half (54.0%) of the responding DCWs provide care to aging adults 65 and older and provide care to individuals living with behavioral health concerns (51.0%). Respondents were allowed to select more than one population they serve. In addition to choosing from the populations listed above, one DCW reported serving multiple groups, including individuals with physical disabilities, intellectual or developmental disabilities, traumatic brain injuries, behavioral health concerns, and seniors ages 65 and older.

KEY QUALITATIVE FINDINGS

Using a mixed-methods research approach for the DCW survey, there was a qualitative question asked at the end of the survey which allowed respondents to express their thoughts with no character limit. The question was centered on DCW personal experience with the effectiveness of the one-time bonus/wage increase initiative. In a thematic analysis, five themes surfaced as seen in Table 1-1.

Table 1-1: DCW Survey Qualitative Analysis

Theme	% of Coded Comments	Example
1. Initiative(s) were needed & appreciated	50.0% (56/112)	<i>"I was thankful at the opportunity to receive the bonus. I was doing a job that I loved. To receive the bonus at that time was a blessing."</i>
2. Initiative(s) were not enough	26.8% (30/112)	<i>"The one-time bonus was useful, but the hourly pay still forces the individual to work excessive overtime just to make ends meet."</i>
3. Unaware of or Did Not Receive Bonus/Wage Increase	8.9% (10/112)	<i>"I received a wage increase but I was unaware of the bonus until now."</i>
4. Employer-specific Complaints	8.0% (9/112)	<i>"My company didn't tell us anything until after the bonus was paid. I had to ask several times."</i>
5. No Comment Provided	6.3% (7/112)	<i>"None."</i>

Initiatives were needed and appreciated:

- DCW respondents expressed appreciation for the initiative;
- Wage increases made respondents feel appreciated and motivated to work; and
- The bonus was necessary.

Quote: *"I was thankful at the opportunity to receive the bonus. I was doing a job that I loved. To receive the bonus at that time was a blessing."*

Initiatives were not enough:

- The bonus was not enough; and
- There is a need for more frequent bonuses and generally increased pay to keep up with rates of inflation and cost of living.

Quote: *"The one time bonus was useful but the hourly pay still forces the individual to work an excess amount of overtime hours to try and make ends meet. Unable to maintain a healthy work life balance"*

Unaware of or did not receive bonus/wage increase:

- May have received the one-time bonus or wage increase but not the other;
- Receipt of one-time bonus/wage increase was in a different form such as backpay; and
- May have received one portion of the monetary initiative but had no knowledge prior.

Quote: *"I was informed via email I would be paid \$16 an hour. I received that but I don't know anything about a \$2,000 bonus."*

Employer complaints:

- Feelings that employer was withholding information pertaining to one-time bonus/wage increase initiative; and
- Overall lack of trust in employer regarding the receipt of one-time bonus/wage increase

Quote: *"I feel the employer received a much higher amount (\$2,000) per employee and only passes down about \$300 per employee."*

No comments:

Completed the qualitative portion of the survey but had no personal thoughts or comments to add.

Quote: *"None."*

2. Overview

BACKGROUND

NC Medicaid's Program Evaluation Team administered a survey to North Carolina DCWs that gathered information about the experiences of being a DCW and a one-time bonus/wage increase initiative. The initiative consisted of a one-time bonus up to \$2,000 or increased hourly wages to a minimum of \$15/hour for eligible DCWs and support staff. The purpose of the survey was to assess the perspectives of NC DCWs regarding their satisfaction with their employment, leadership, work-life balance and the one-time bonus or wage increase (if applicable).

OBJECTIVES

The objective of the DCW survey was to gather comprehensive, statewide data on the experiences, needs and perspectives of NC's direct care workforce to help inform future discussions regarding direct care workforce initiatives. The survey aimed to assess the availability and accessibility of key employment benefits, such as PTO, health insurance and mileage reimbursement, noting that NC Medicaid defines travel reimbursement as "reimbursement to a Medicaid member and/or driver based on a specific rate per mile driven to allow a Medicaid member to receive covered services" mainly applicable to beneficiaries and designated driver(s) when traveling to and from Medicaid-related medical appointments as opposed to DCWs when traveling between sites.⁹ It also sought to evaluate the factors influencing job satisfaction and retention, including wages, leadership support and workplace conditions. In addition, the survey explored DCW's awareness of and experiences with receiving the one-time bonus/wage increase based on the initiative authorized by the NC Operations Appropriations Act of 2021. By using a mixed-methods approach, the survey provided an opportunity for DCWs to share their lived experiences in their own words. The results are intended to inform future policy and program decisions that support workforce stability, improve job quality and enhance the quality of care for individuals served across North Carolina by DCWs.

3. Methodology

The DCW survey had a total of 27 questions covering four distinct domains. The survey instrument was developed following a literature review of similar surveys conducted across the country and of related peer-reviewed articles. Additionally, many internal and external stakeholders were involved in instrument development, most notably the National Domestic Workers Alliance (NDWA) who worked very closely with NC Medicaid throughout the planning process and the survey administration phase.

INSTRUMENT DEVELOPMENT

The DCW survey was collaboratively designed to gather meaningful, high-quality data about the experiences of DCWs across North Carolina. Its development was informed by research and key stakeholder participation to ensure the tool was relevant, accessible and reflective of the focus audience. The instrument went through a total of eight review cycles until all collaborating teams agreed on its final refinement.

EVIDENCE-BASED DESIGN

The survey instrument was grounded in best practices identified through a national review of similar tools and peer-reviewed literature, particularly North Carolina-specific literature. The design process focused on selecting question formats and structures shown to effectively collect workforce-related data, particularly from direct care and support staff. Special attention was given to the clarity of questions, logical flow, skip-logic and inclusion of quantitative and qualitative elements.

STAKEHOLDER COLLABORATION

The survey instrument was developed through a highly collaborative, stakeholder-engaged process. Internally, NC Medicaid staff provided critical input on survey design, aligning the instrument with strategic objectives and ensuring functional utility. Externally, NDWA served as a key implementation partner, offering subject matter expertise to co-develop content that authentically captured the lived experiences of DCWs. NDWA's involvement also ensured the linguistic accessibility and cultural responsiveness of the survey instrument, increasing inclusivity among survey respondents from diverse backgrounds.

SURVEY FOCUS AREAS

The final instrument included 27 questions organized into four primary domains:

1. Demographics and Employment Details
2. Benefits – including PTO, health insurance and mileage reimbursement

3. Job Satisfaction and Retention
4. Awareness and Experience with One-time Bonus/Wage Increase Initiative (as mandated by the NC Operations Appropriations Act of 2021)

Open-ended questions were also included to give survey respondents an opportunity to elaborate on their experiences and provide context beyond fixed-choice responses.

SURVEY MODALITY

The survey was distributed using Microsoft Dynamics 365 Customer Voice that allowed the use of skip-logic and conditional paths. This approach allowed the survey to adapt in real time to each respondent's answers, improving the overall user experience and ensuring that only relevant questions were presented. As a result, the survey remained efficient and minimized burden and survey fatigue on participants.

PILOT TESTING AND REFINEMENT

While in development, the survey underwent a small-scale pilot test with a sample of subject matter experts provided by NDWA. Feedback from this test led to refinements in question wording, clarification of terminology (e.g., how PTO is defined), and better distinctions between types of employers. These changes helped increase clarity, comprehensiveness, and the accuracy of data collection.

RECRUITMENT AND DATA COLLECTION

- **Recruitment Sources:** NDWA and 1,650 NC Medicaid provider agencies
- **Data Validity:** 92.7% survey respondents confirmed working for agencies, ensuring the target population was captured
- **NC Medicaid Provider Agency Participation Rate:** 1,650 invitations to NC Medicaid provider agencies to participate in the survey were sent via email with 115 undeliverable invitation emails with a 93.0% delivery rate.
- **Responses:** NC Medicaid received a total of 765 valid responses.

DATA COLLECTION

The survey was administered between June 2024 to October 2024 and included 27 questions across four domains. Convenience sampling was used as a recruitment method for this survey, which involved the selection of participants from a target group based on their availability and willingness to participate in the survey, rather than through random selection.¹⁰ The NC Medicaid Evaluation Team and the NC Medicaid Communications Team, in collaboration with NDWA, developed a flyer inviting DCWs to participate in the survey by scanning a NC Medicaid generated QR-code for easy digital access. This flyer was distributed by stakeholders. NDWA and provider agencies played a large role in survey participant recruitment by using

social media, running ads connecting DCWs to the survey, and pledges of survey promotion by printing off the flyer that included the survey's QR-code and sharing it in breakrooms and displaying it at large meetings. There were no incentives offered to complete the survey.

DATA ANALYSIS

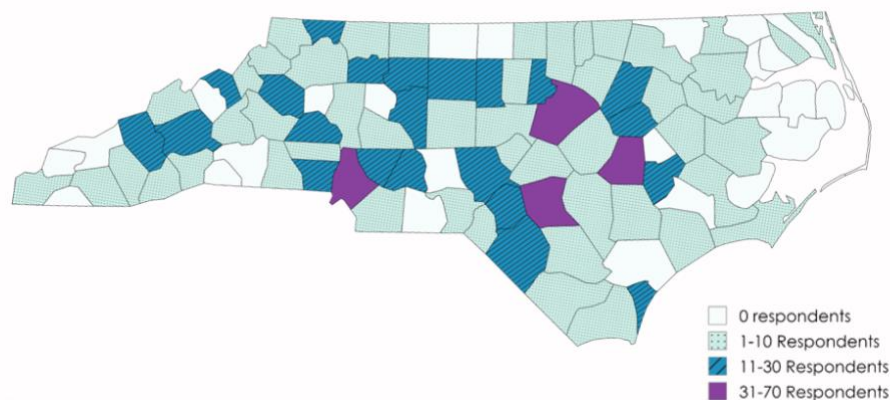
Data analysis was completed within the survey platform, Microsoft Dynamics 365 Customer Voice. Additional analyses were completed using Microsoft Excel.

4. Survey Respondent Demographics

This section of the survey focused on DCWs and their demographic information such as:

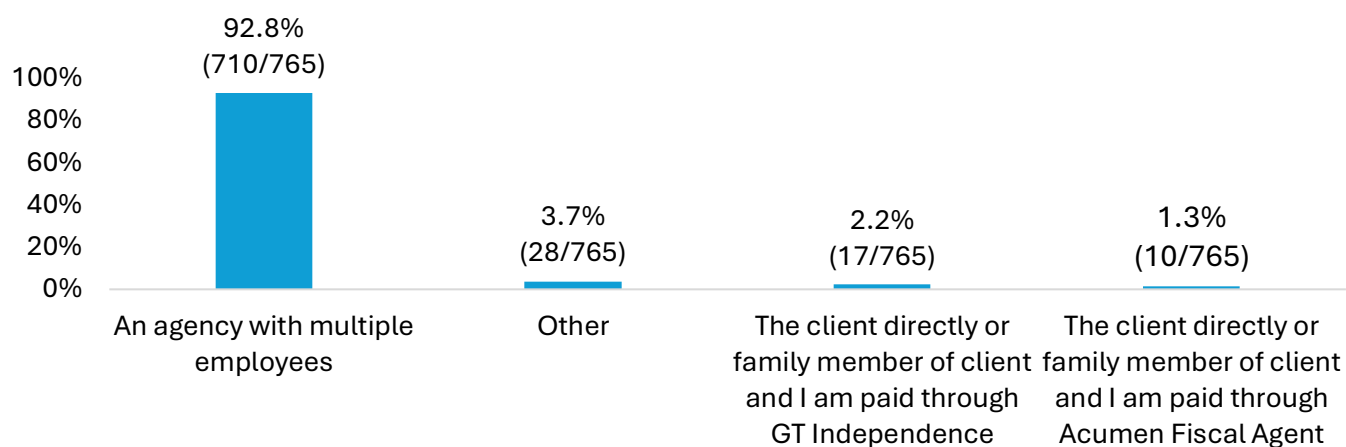
- *County of Service* as seen in Figure 4-1, where most DCWs reported providing service in Wake County, Mecklenburg County, Cumberland County, and Wayne County. These counties include three of five of North Carolina's largest counties. The majority of the DCWs reported working in urban counties (517/738), a large sum reported working in rural counties (216/738), and a handful reported working in both rural and urban counties (5/738). Other DCWs chose not to disclose the county of service, therefore results that are stratified by rurality will show different sums or denominators.

Figure 4-1. North Carolina DCW Survey Respondents, by County



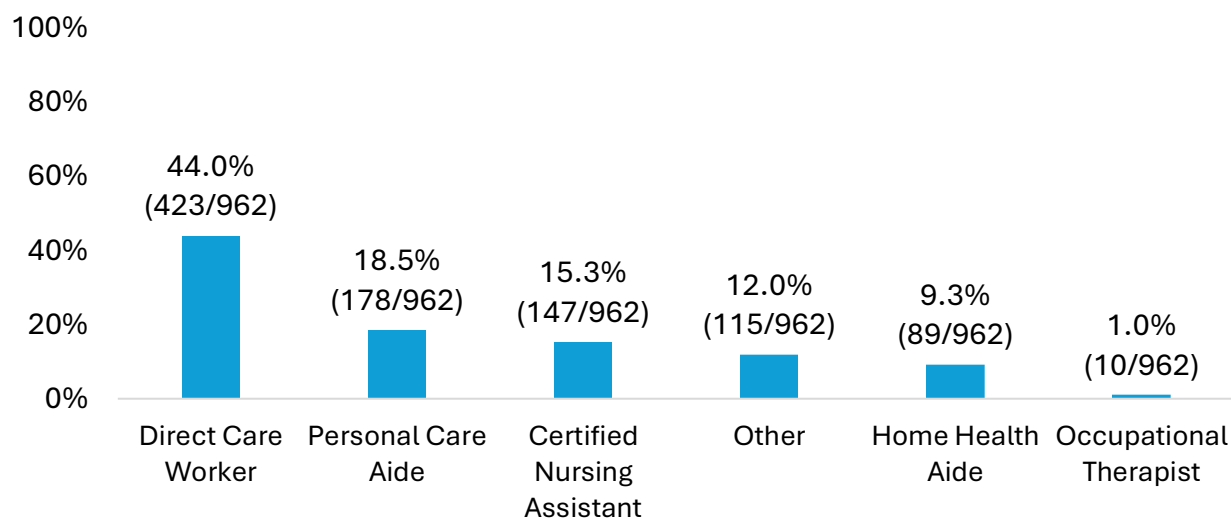
- *Employer* as seen in Figure 4-2 and Table 4-1, where most DCWs described their employer as an agency with multiple employees.

Figure 4-2: DCW Employer Description: “How would you describe your employer?”



- *Job Title Description* as seen in Figure 4-3 and Table 4-1, where almost half (44.0%) of the survey respondents described themselves as DCWs.

Figure 4-3: DCW Job Title: “How would you describe yourself as a DCW?”



*Respondents could select multiple options

Table 4-1: DCW Employer Type & Job Title

Employer Type	Count*	Percentage
Agency with multiple employees	710/765	92.8%
GT Independence (client/family paid)	17/765	2.2%
Acumen Fiscal Agent	10/765	1.3%
Other	29/765	3.7%
Job Title Identification	Count	Percentage
Direct Care Worker	432/962	44.9%
Personal Care Aide	178/962	18.5%
Certified Nursing Assistant	147/962	15.3%
Other	115/962	12.0%
Home Health Aide	89/962	9.3%
Occupational Therapist	10/962	1.0%

*Count includes numerator and denominator

5. Results

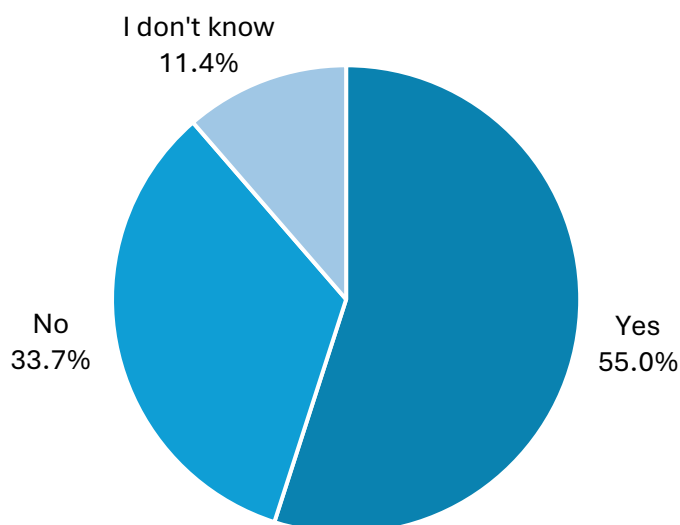
BENEFITS

Table 5-1: Direct Care Worker Benefits

Access to Paid Time Off (n=765)	Access to Health Insurance (n=765)
<ul style="list-style-type: none"> 55.0% (421/765) were offered PTO 33.7% (258/765) were not 11.4% (87/765) unsure 	<ul style="list-style-type: none"> 55.4% (424/765) were offered insurance 32.0% (245/765) were not 12.7% (97/765) unsure
Utilization of PTO among those offered (n=419)	Affordability among those with health insurance access (n=424)
<ul style="list-style-type: none"> 85.9% (360/419) are able to utilize PTO 14.1% (59/419) are not able to utilize PTO 	<ul style="list-style-type: none"> 50.1% (213/424) could afford 36.4% (154/424) could not afford 13.5% (57/424) unsure

Figure 5-1 shows the results of DCW respondents whose employer offered PTO (such as sick time, vacation time, and/or personal leave).

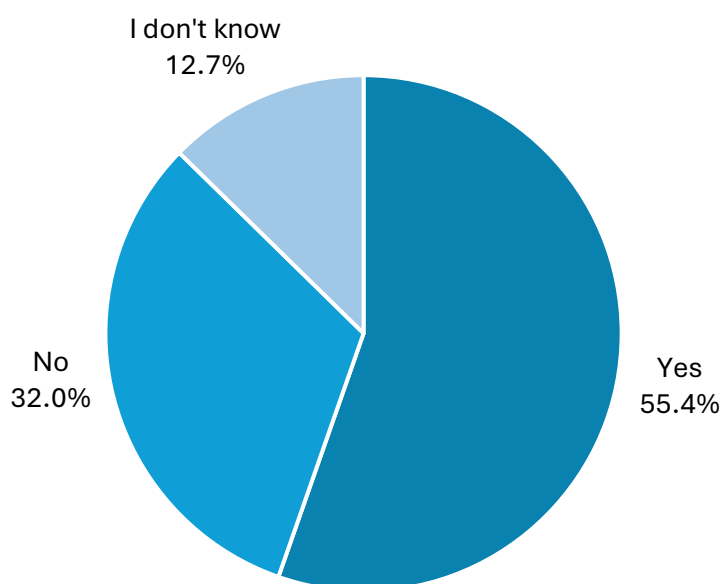
Figure 5-1: DCW Benefits – Paid Time Off: “Does your employer offer PTO?”



- When asked “Does your employer offer PTO,” while most respondents (55.0%) did indicate their employer offers PTO, 33.7% reported their employer does not offer it, and 11.4% did not know.
- Of those survey respondents who were offered PTO, when asked “Are you able to use, or have you ever used the designated PTO,” most of them (85.9%) were either able or have used that designated PTO. 14.1% responded not being able to utilize their PTO.

Figure 5-2 shows the results of DCW respondents whose employer offered health insurance.

*Figure 5-2: DCW Benefits – Health Insurance:
“Does your employer offer health insurance?”*



- When asked “Does your employer offer health insurance,” more than half of the survey participants (55.4%) reported that they were offered health insurance by their employer. 32% of employees said no and 12.7% said they did not know.
- Of those survey respondents who were offered health insurance by their employer, when asked “Can you afford to participate in the health insurance program,” only 50.1% reported being able to afford to participate in the health insurance program. 36.4% responded that they could not afford to participate in the program, and 13.5% responded they did not know.

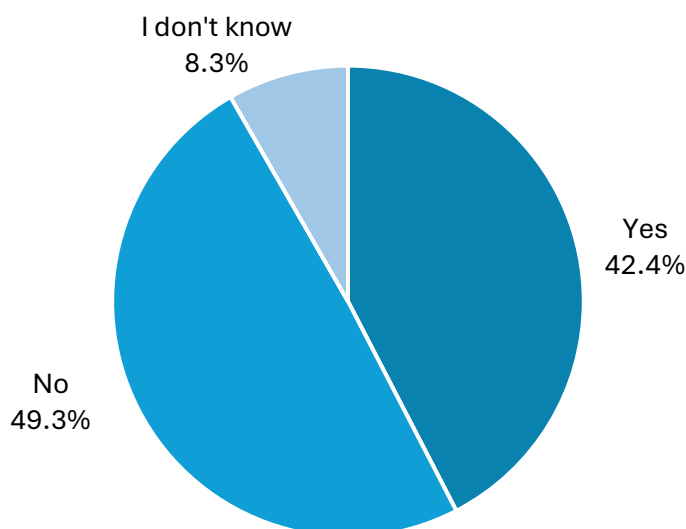
TRAVEL AND MILEAGE REIMBURSEMENT

Table 5-2: Direct Care Worker - Travel and Mileage Reimbursement

Travel Between Sites (n=765)	Mileage Reimbursement (n=302)
<ul style="list-style-type: none"> • 42.0% (321/765) said yes • 54.7% (419/765) said no • 3.3% (25/765) unsure 	<ul style="list-style-type: none"> • 42.4% (128/302) said yes • 49.3% (149/302) said no reimbursement • 8.3% (25/302) did not know

Figure 5-3 below shows the results of employers that offered mileage reimbursement among DCWs who travel between work sites.

*Figure 5-3: DCW Benefits – Mileage Reimbursement:
“Does your employer offer mileage reimbursement when traveling between sites?”*



- When asked “Do you travel between sites as a DCW,” more than half of survey respondents (54.7%) said they do not. 42.0% reported they do travel between sites as a DCW, and 3.3% said they did not know.
- Of survey participants who reported traveling between sites, when asked “Does your employer offer mileage reimbursement when traveling between sites,” more survey participants (49.3%) reported not being offered mileage reimbursement. 42.4% said they were offered mileage reimbursement, and 8.3% said they did not know.

SATISFACTION & RETENTION

This section of the survey focused on the satisfaction of DCWs regarding:

- Job Retention
 - Survey participants were asked to express each factor’s level of importance to them when choosing to continue working in their current positions using a 3-point Likert Scale (Very Important, Important, Not Important).
 - Opportunities for Advancement
 - Salary/Wages
 - Schedule Flexibility
 - Access to Affordable Health Insurance (including dental and vision)
 - Healthy and Safe Work Environment
 - Work/life Balance: Working too many hours
 - Work/life Balance: Not working enough hours
 - PTO

- Retirement Benefits
- Management Practices
- Childcare Coverage or Support
- Education/Continuing Education Funding and Accessibility
- Transportation Benefits

Based on Likert Scale Ranking Analysis, the top three retention factors by average importance score included:

- Salary: **2.7/3**
- Healthy and Safe Working Environment: **2.6/3**
- Schedule Flexibility: **2.4/3**

- Leadership

- Survey participants were asked to express their level of agreement with statements regarding their manager/employer using a 5-point Likert Scale (Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree).
 - Ethical Treatment of Beneficiaries
 - Communication regarding PTO Requests
 - Expectations of my work
 - Ability to Properly Organize and Balance Shifts
 - Communication regarding Questions about Pay
 - Ethical Treatment of Employees
 - Communication regarding Conflicts or Grievances
 - Ensuring Sufficient Staffing
 - Properly Resolving Conflicts or Grievances in a Timely Manner
 - Maintaining a Healthy Work/life Balance (e.g., PTO, scheduling flexibility, mental health days, family emergencies)
 - Receiving Relevant and Effective Trainings/Continued Education/Certifications (e.g., licensing and certification programs)

Based on Likert Scale Ranking Analysis, the top three concerning factors regarding leadership by average agreement included:

- Communication regarding PTO requests: **3.2/5**
- Communication regarding conflicts or grievances: **3.5/5**
- Ensuring the team is sufficiently staffed: **3.5/5**

RESULTS: GEOGRAPHIC COMPARISONS

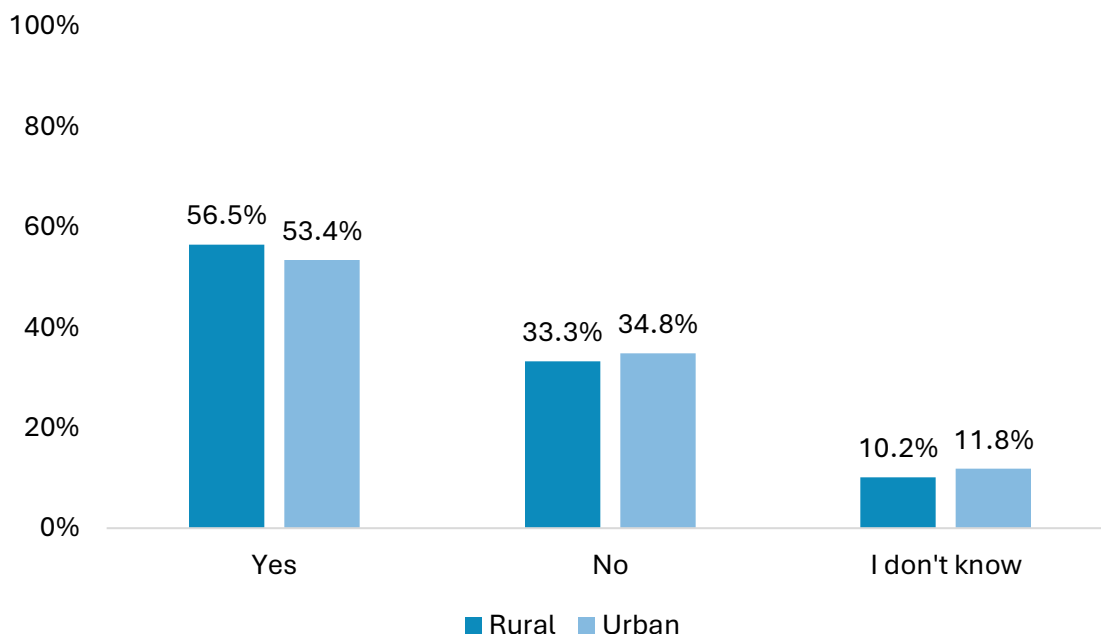
Benefits

Table 5-3: Direct Care Worker Benefits, by Geography

Measure	Rural Respondents (n=216)	Urban Respondents (n=517)
Employer offers PTO	<ul style="list-style-type: none"> • 56.5% (122/216) were offered PTO • 33.3% (72/216) were not • 10.2% (22/216) unsure 	<ul style="list-style-type: none"> • 53.4% (276/517) were offered PTO • 34.8% (180/517) were not • 11.8% (61/517) unsure
	Rural Respondents (n=122)	Urban Respondents (n=275)
DCW can access/use PTO (among those whose employer offers it)	<ul style="list-style-type: none"> • 84.4% (103/122) have access or have used it • 15.6% (19/122) do not have access or have not used it 	<ul style="list-style-type: none"> • 87.3% (240/275) have access or have used it • 12.7% (35/275) do not have access or have not used it
	Rural Respondents (n=216)	Urban Respondents (n=517)
Employer offers health insurance	<ul style="list-style-type: none"> • 56.0% were offered health insurance • 31.9% (69/216) were not • 12.0% (26/216) unsure 	<ul style="list-style-type: none"> • 54.9% (284/517) were offered health insurance • 33.1% (171/517) were not • 12.0% (62/517) unsure
	Rural Respondents (n=121)	Urban Respondents (n=284)
DCW can afford to participate in health insurance program (among those whose employer offers it)	<ul style="list-style-type: none"> • 60.3% (73/121) could afford • 28.1% (34/121) could not afford • 11.6% (14/121) unsure 	<ul style="list-style-type: none"> • 46.8% (133/284) could afford • 39.8% (113/284) could not afford • 13.4% (38/284) unsure

Figure 5-4 below compares PTO (such as sick time, vacation time, and/or personal leave) between rural and urban respondents.

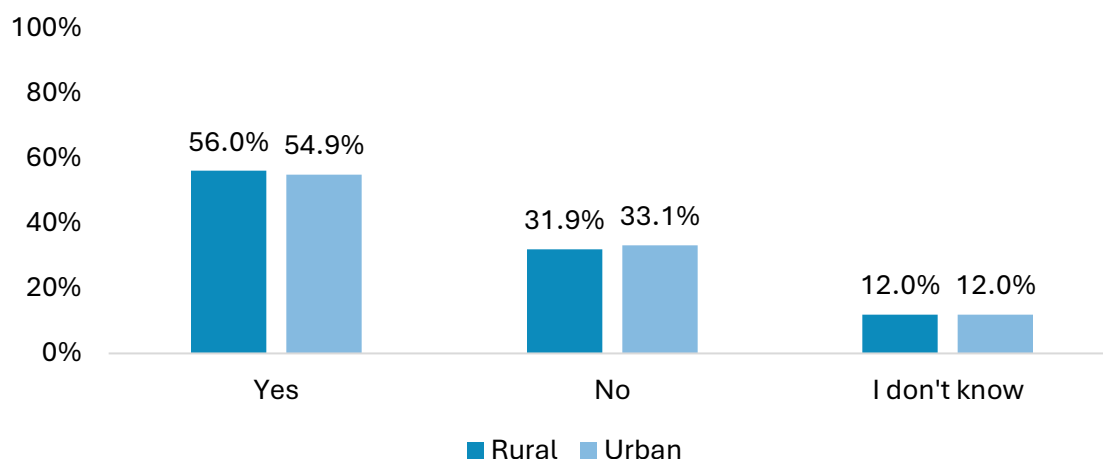
Figure 5-4: DCW Benefits – Paid Time Off: “Does your employer offer PTO?” (by Geography)



- When asked “Does your employer offer PTO?”, 56.5% of rural respondents and 53.4% of urban respondents reported their employer did offer it.
 - These similar outcomes may indicate that access to paid time off benefits may not differ significantly based on the geographic designation for county of service.
- When asked “Are you able to use, or have you ever used the designated PTO?”, both the majority (84.4%) of rural respondents and the majority (87.3%) of urban respondents indicated that they are able to utilize or have been able to utilize their designated paid time off.

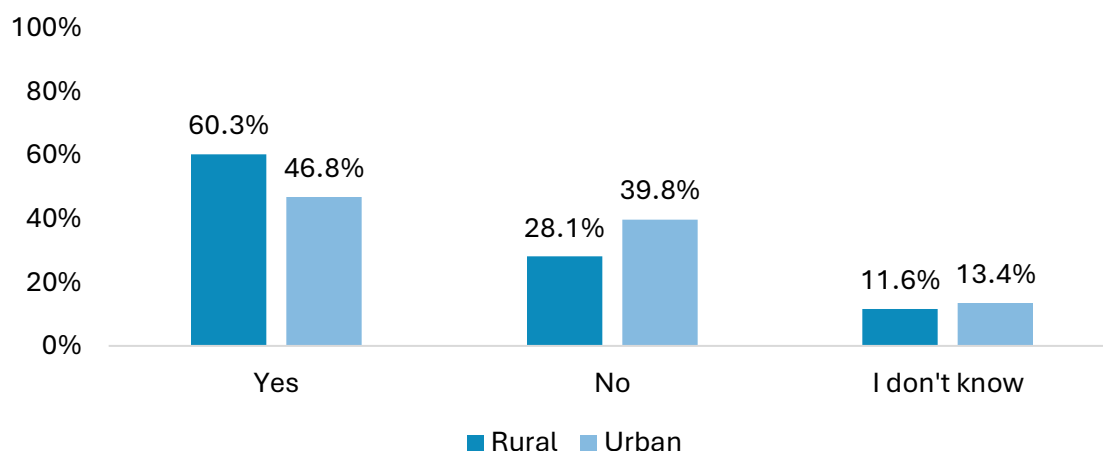
Figures 5-5 and 5-6 below compares the availability and affordability of employer-provided health insurance by rural and urban respondents.

Figure 5-5: DCW Benefits – Health Insurance: “Does your employer offer health insurance?” (by Geography)



- When asked “Does your employer offer health insurance,” 56.0% of rural respondents and 54.9% of urban respondents reported their employer did offer health insurance.

Figure 5-6: DCW Benefits – Health Insurance: “Can you afford to participate in the health insurance program?” (by Geography)



- While geography may not be a considerable factor for an employer offering health insurance to its DCW employees, the affordability of the health insurance program does differ by geography. More rural respondents (60.3%) reported being able to afford the health insurance program offered by their employer compared to their urban counterparts (46.8%).

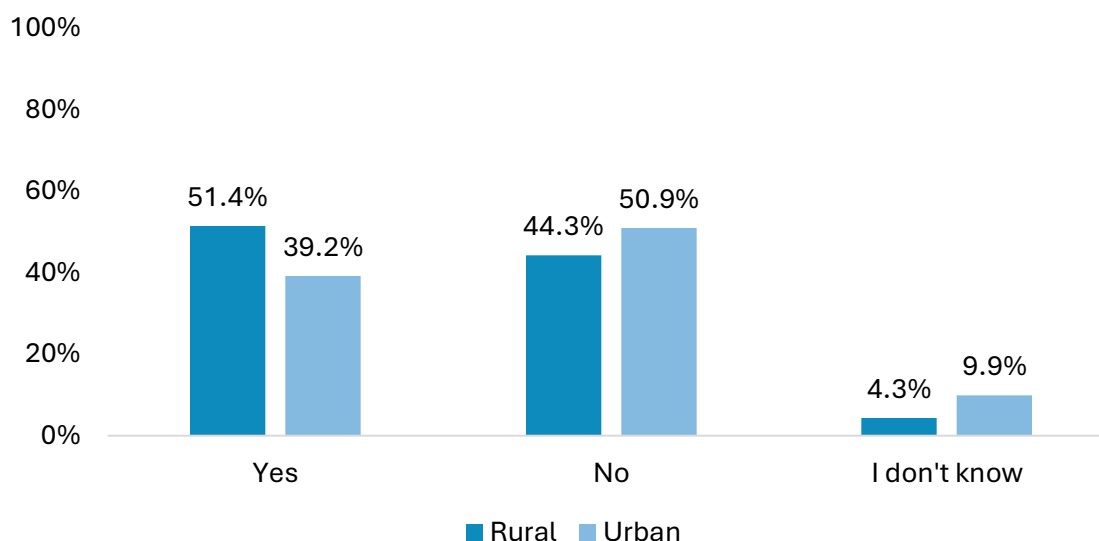
Travel and Mileage Reimbursement

Table 5-4: DCW – Travel and Mileage Reimbursement, by Geography

Measure	Rural Respondents (n=216)	Urban Respondents (n=517)
DCW has to travel between work sites	<ul style="list-style-type: none"> 34.3% (74/216) said yes 61.1% (132/216) said no 4.6% (10/216) unsure 	<ul style="list-style-type: none"> 46.0% (238/517) said yes 51.6% (267/517) said no 2.3% (12/517) unsure
Among those who travel between work sites, employer offers mileage reimbursement	Rural Respondents (n=70) <ul style="list-style-type: none"> 51.4% (36/70) said yes 44.3% (31/70) said no 4.3% (3/70) unsure 	Urban Respondents (n=222) <ul style="list-style-type: none"> 39.2% (87/222) said yes 50.9% (113/222) said no 9.9% (22/222) unsure

Figure 5-7 below compares mileage reimbursement (among DCWs who travel between work sites) between rural and urban respondents.

Figure 5-7: DCW Benefits – Mileage Reimbursement: “Does your employer offer mileage reimbursement when traveling between sites?” (by Geography)



- When asked “Do you travel between sites as a DCW,” respondents working in urban counties reported traveling between work sites more (46.0%) than their rural counterparts (34.3%).
- Conversely, among those who indicated having to travel between work sites, more rural respondents (51.4%) reported being reimbursed by their employer for mileage than urban respondents (39.2%).

Satisfaction & Retention

Table 5-5 lists the top three retention factors based on Likert Scale Ranking Analysis averages and survey participants who reported working in either a rural county or urban county.

Table 5-5: Top Three Retention Factors (Very Important or Important), by Geography

Factor	Rural Respondents	Urban Respondents
Salary	98.1% (207/211)	98.6% (501/508)
Healthy and Safe Working Environment	97.2% (206/212)	97.8% (490/501)
Schedule Flexibility	94.2% (194/206)	95.8% (474/495)

Table 5-6 lists the top three factors of concern regarding leadership based on Likert Scale Ranking Analysis averages and survey participants who reported working in either a rural county or urban county.

*Table 5-6: Top Three Factors of Concern Regarding Leadership
(Strongly Agree or Agree), by Geography*

Factor	Rural Respondents	Urban Respondents
Communication regarding PTO requests	84.1% (153/182)	77.4% (333/430)
Communication regarding conflicts or grievances	78.3% (159/203)	76.6% (363/474)
Ensuring the team is sufficiently staffed	77.0% (157/204)	69.2% (337/487)

ONE-TIME BONUS/WAGE INCREASE

Table 5-7: DCW - One-time Bonus/Wage Increase

Awareness
<ul style="list-style-type: none"> • 50.6% learned about the bonus through employer communications • 35.9% were unaware of the initiatives • 13.6% learned from peers, newsletters, or community groups
Perceived Impact (qualitative coding, n=112 open-ended responses)
<ul style="list-style-type: none"> • 50.0% said it made them feel “recognized” • 26.8% said it was helpful, but insufficient • 8.9% expressed confusion or lack of clarity about eligibility • 8.0% expressed employer-specific complaints regarding the receipt of initiative • 6.3% had no additional comments/thoughts regarding the receipt of initiative

This section of the survey was about DCWs’ knowledge and experience with the Direct Care Worker One-time Bonus and ICF-IID and HCBS Wage Increase Initiative and the NC Operations and Appropriations Act of 2021.

This act directed NC Medicaid to provide one-time bonuses to eligible DCWs and support staff, approved a Medicaid budget provision to help implement the ICF-IID DCW wage increases, and implemented provider rate increases to support home and community-based services (HCBS) DCW wage increases. These three amendments are referred to as the Direct Care Worker One-time Bonus and ICF-IID and HCBS Wage Increase Initiative - providing one-time bonuses of up to \$2,000 to eligible DCWs and support staff and increased DCW wages toward a minimum of \$15/hour.

When asked “How did you learn about the North Carolina’s DCW one-time bonus and ICF-IID and HCBS wage increase initiative,” most (50.6%) of the survey participants said they learned about the NC DCW one-time bonus and ICF-IID and HCBS wage increase initiative directly from their employer (e.g., staff meeting, bulletin in common space). Interestingly, the next largest group of employees (35.9%) said they had never heard about the initiative. These results can be seen in Figure 5-8. Figures 5-9 through 5-12 show additional data for survey results regarding the NC DCW one-time bonus and ICF-IID and HCBS wage increase initiative such as one-time bonus/wage increase eligibility, receipt of one-time bonus/wage increase, hourly wage increase dollar amount and one-time bonus dollar amount.

Figure 5-8: One-time Bonus/Wage Increase Awareness: “How did you learn about the North Carolina’s direct care worker one-time bonus and ICF-IID and HCBS wage increase initiatives?”

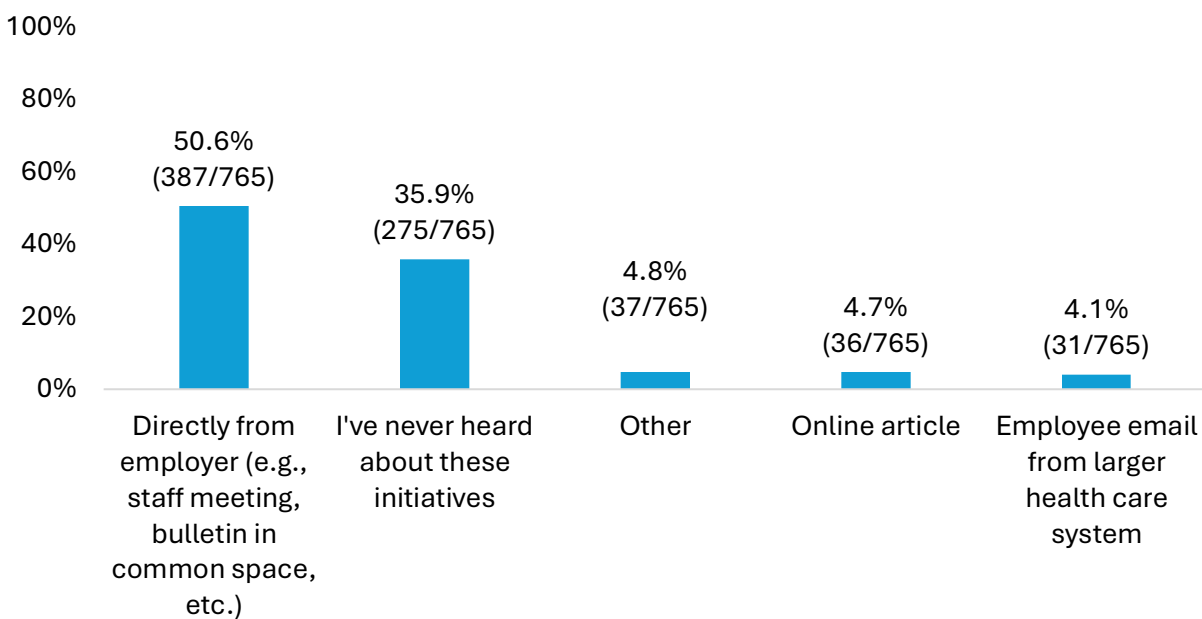


Figure 5-9: One-time Bonus/Wage Increase Eligibility: “Were you eligible to receive a one-time bonus or wage increase under these initiatives in 2022?”

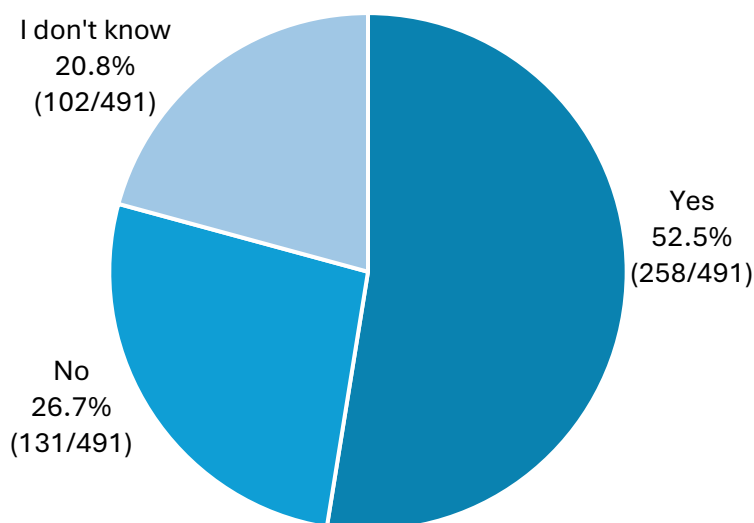


Figure 5-10: One-time Bonus/Wage Increase Receipt: “In 2022, did you receive the following?”

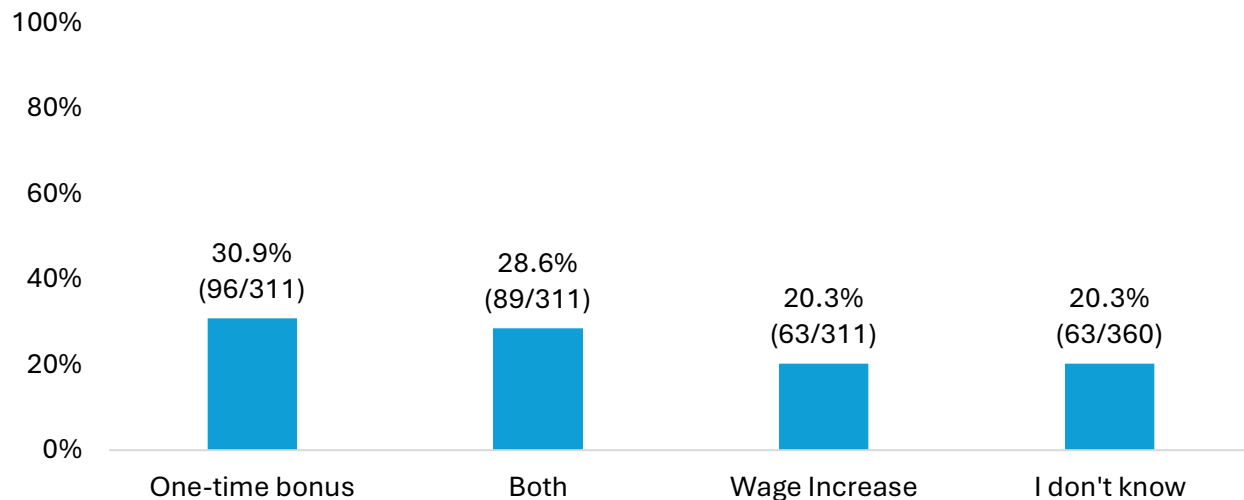
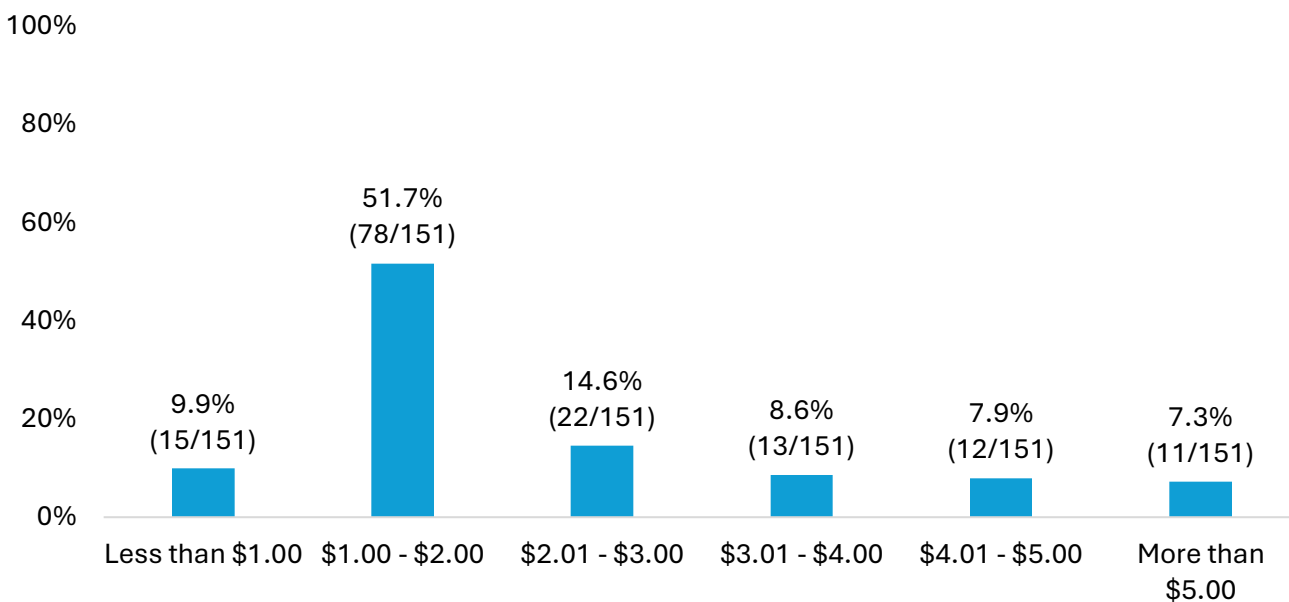
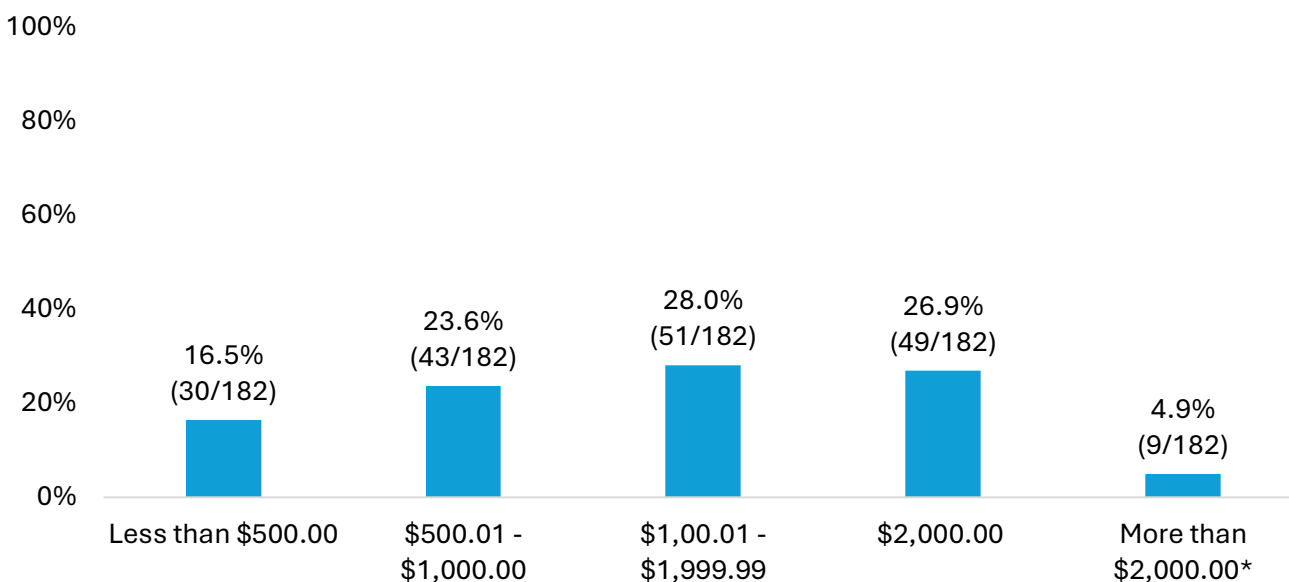


Figure 5-11: Hourly Wage Increase Dollar Amount (Among Those Who Received):
“How much was the per hour wage increase that you received in 2022?”



*Figure 5-12: One-time Bonus Dollar Amount (Among Those Who Received):
“How much was the one-time bonus that you received in 2022?”*



**While the one-time bonus initiative only allotted for bonuses up to \$2,000, some employers may have provided additional funds to the bonus initiative.*

6. Discussion

The results of the NC DCW survey not only revealed critical issues regarding compensation, benefits and job satisfaction that influence workforce retention and quality of care, but it also highlighted areas of this workforce that seem to be running efficiently. The findings disclosed that while there were some challenges faced by DCWs across the state, particularly concerning access to benefits like PTO, health insurance and mileage reimbursement, there was also a silver lining in survey results showing that more DCWs have access to these benefits than those who do not. Survey results also showed strengths in the one-time bonus/wage increase initiative and how it affected DCW job satisfaction and/or job retention. Some other points of satisfaction found in the results of this survey included DCW confidence with certain characteristics of their leadership and feeling supported by their leadership or employer.

BENEFITS

A key finding from the survey was that 33.7% of DCWs reported having no access to PTO and 32.0% reported that their employer did not offer health insurance, influencing DCW work-related benefits. However, there were more DCWs (54.9%) who reported that their employer offered PTO in sick time, vacation time or personal leave, and of that percentage, 85.9% reported being able to use it. More than half (55.4%) of the responding DCWs reported that their employer offered health insurance and of that percentage, only half of them (50.1%) reported that they can afford to participate in the health insurance program. When considering the entire DCW respondent population, this means that only 27.8% of total respondents have access to and can afford employer-provided health insurance – a concerning low figure. The absence of PTO and health insurance can contribute to difficulties in maintaining a healthy work-life balance, which is essential for long-term job satisfaction and retention.¹¹

Another point to note is that while the availability of employer-provided health insurance did not notably differ between DCWs that work in rural counties compared to those working in urban ones, the affordability did markedly differ where 60.3% of rural respondents could afford their employer-provided insurance while only 46.8% of urban respondents could. One possible reason this might be is that the cost of living in rural areas may be less expensive than the cost of living in urban areas – therefore, the availability of expendable income for DCWs working in urban areas may be less than their rural counterparts. Overall, results from this survey showed there are variations in the availability and access of employer-offered benefits such as PTO and employer-provided health insurance among responding DCWs throughout North Carolina.

Another finding from the survey that also focused on DCW work-related benefits was the lack of mileage reimbursement. 42.0% of responding DCWs reported that they travel between sites to do their job. Among those that reported traveling between work sites, nearly half (49.3%) of DCWs reported their employer did not offer mileage reimbursement. When comparing county of service, those working in urban counties reported having to travel between work sites more (46.0%) than those working in rural counties (34.3%). Despite more urban respondents having to travel more than rural counterparts, more rural respondents (51.4%) reported being offered mileage reimbursement than urban respondents (39.2%). This issue can become particularly

challenging for workers who must cover travel related expenses as part of their daily responsibilities.¹² Much like PTO and employer-provided health insurance, mileage reimbursement is another DCW work-related benefit that displays an imbalance in receipt between responding DCWs across North Carolina. The reasons for these gaps need further investigation for a deeper understanding.

JOB SATISFACTION AND RETENTION FACTORS

The survey also revealed the top three factors that influenced job retention among respondents: these were salary, a healthy and safe working environment, and schedule flexibility. Averaging the responses from a three-point Likert scale, DCWs expressed that a better salary (2.7/3) was the most important factor in their decision to remain in their current position/profession, followed closely by a healthy and safe working environment (2.6/3), and then schedule flexibility (2.4/3). These findings may suggest that while other benefits like health insurance and mileage reimbursement were important, DCWs prioritized financial compensation and safe working conditions above other factors that influence job retention.¹³ In this context, the one-time wage increase initiative aligns with the priority of a salary increase and, thus, may have played a role in retaining some of the direct care workforce. Additional compensation, including wage increase and bonus initiatives, are essential for improving retention and preventing burnout, which is prevalent in the direct care workforce.^{14,15}

Furthermore, the results from this survey showed communication levels and appropriate staffing as key factors surrounding leadership that impacted DCW job satisfaction. The averages on a five-point Likert scale indicated communication regarding PTO requests (3.2/5), communication regarding conflicts and grievances (3.5/5) and ensuring the team was sufficiently staffed (3.5/5) as areas in need of improvement. In contrast, the results from the survey showed that work expectations, receiving relevant and effective trainings/continued education/certifications and ethical treatment of employees were areas of confidence surrounding leadership that also impacted DCW job satisfaction. It may be helpful to take a closer look into the structure of these areas of success and model areas of improvement after them.

IMPACT OF THE ONE-TIME BONUS AND WAGE INCREASE INITIATIVES

Based on the purpose of the DCW survey, one of the most anticipated findings of the survey were the reactions to the one-time bonus and wage increase initiative. While 50.6% of DCWs learned about the bonus through their employers and 50.0% “felt recognized” by receiving it, there was a portion of DCWs (35.9%) who were unaware of the initiative altogether. This contrast could suggest several things: employer communication regarding these benefits may have been inconsistent, some DCWs were not eligible for the initiative or some individuals may not have been a North Carolina DCW at the time of the initiative. Additionally, by those who received the one-time bonus and/or a wage increase, a notable portion (33.3%) of DCWs felt that while the bonus was appreciated, it was not sufficient to address the long-standing financial barriers often related to direct care workforce job retention.¹⁶ Numerous DCWs (26.8%) expressed a desire for more frequent bonuses or a permanent increase in wages to keep up with the rising cost of living. This finding is interesting as an additional stratification by receipt of the one-time bonus and/or wage increase (n=248) revealed that more than half (54.4%) of these respondents reported working 40 or more hours as a paid DCW in a typical week; nearly half (46.4%) of them reported they

travel between sites for work; and over a third (38.7%) reported their employer did not offer health insurance. Increased pay and more frequent bonuses were seen as necessary by responding DCWs to ensure that DCWs can achieve a sustainable work-life balance.

IMPLICATIONS FOR POLICY AND FUTURE INITIATIVES

The findings from this survey have critical implications for state-level policy decisions and the development of future direct care workforce initiatives. While more than half of the responding DCWs reported having access to benefits, the lack of access to benefits to the remainder of responding DCWs, particularly PTO, health insurance and mileage reimbursement, points to a need for structural changes that ensure these benefits are universally available to all DCWs. Furthermore, the results highlighted the need for wage increases much like the one-time bonus/wage increase initiative that reflects the critical role DCWs play in providing care to many of the most vulnerable populations.

Given the importance of salary, a healthy and safe working environment and schedule flexibility in job retention, future policies should prioritize increasing wages, offering more affordable and inclusive benefits packages and ensuring better working conditions for DCWs. Introducing flex schedules where DCWs can move their work schedules around or swap with other DCWs as needed can not only contribute to a healthier work/life balance but also help ensure the team is sufficiently staffed.

CONCLUSION

This survey provided important insights into the strengths and challenges experienced by North Carolina's direct care workforce. While this survey yielded mixed results regarding benefits offered by employers where some DCWs have access to benefits such as PTO, health insurance and mileage reimbursement, there was still a large portion of DCWs that did not have the same access suggesting a structural inconsistency across the state within this workforce. Other results from the survey, such as job satisfaction and retention, presented challenges that are layered and could potentially be addressed through policy reforms. By focusing on improving wages, benefits and communication, North Carolina can contribute to the long-term stability of its direct care workforce and ultimately improve the quality of care for the individuals served by these workers. The findings of this survey have the potential to inform ongoing efforts to support and stabilize the direct care workforce in North Carolina and can serve as a model for other states facing similar challenges.

7. Recommendations

1. Introduce a Structured Salary Schedule to Promote Retention.
 - a. Instead of completely relying on one-time wage increase initiatives, a structured salary schedule could give ongoing financial incentives at important milestones for NC DCWs, such as annual employment anniversaries. At a minimum, an annual salary increase should align with the Cost-of-Living Adjustment (COLA) determined each year by the Social Security Administration. A salary schedule could encourage long-term employment while acknowledging DCWs' commitment to their profession. This method could also work for professional development, giving financial incentives for completing certifications or training programs. This recommendation could be tailored to different job title descriptions in the direct care workforce, job responsibilities and performance measures to ensure equity and efficiency.
2. Establish Minimum PTO and Health Insurance Benefits for Medicaid-funded DCWs
 - a. Access to employer-provided benefits such as PTO and health insurance for North Carolina DCWs seems to vary widely. Establishing minimum statewide standards for these benefits would promote equity within the direct care workforce. Additionally, employer-provided health insurance programs should carefully balance priorities to ensure that the insurance is affordable for employees while not decreasing their salaries. Taking this action could contribute to stabilizing the work/life balance for DCWs while also improving recruitment and retention. These benefit standards should be consistent to both DCWs who are employed by agencies and those paid through fiscal intermediaries.
3. Increase Reimbursement Rates for Mileage to IRS Standards
 - a. A notable percentage (42.0%) of DCWs travel between client sites but do not receive mileage reimbursement (49.3%) for their travel. Per the Internal Revenue Service (IRS), the current mileage reimbursement rate for business use of a personal vehicle is \$0.70.¹⁷ While North Carolina private employers are not required to follow IRS rates, it is recommended they adhere to standard IRS mileage rates for employee equity and to maintain job satisfaction.¹⁷ This change would reduce out-of-pocket expenses for DCWs regarding their travel between sites, especially in rural or underserved areas where a greater travel distance may be likely.
4. Improve Communication to Ensure Knowledge of State Policies
 - a. The survey revealed that more than a third (35.9%) of DCW respondents were unaware of the one-time bonus/wage increase initiative. There was also an issue

of communication regarding employer-provided benefits such as PTO, and conflict resolution. To address this lapse in communication, a standardized outreach strategy could be implemented by the state directly reaching DCWs via email/text updates, digital news bulletins, webinars, and/or an online portal specifically designed for them. Additionally, enhancing existing state partnerships with provider agencies can help ensure consistent message delivery within the direct care workforce.

5. Implement Evaluation Assessments to Track DCW Perspectives and Experiences

- a. Collecting the perspectives and experiences of DCWs about their job satisfaction, work/life balance and the one-time bonus/wage increase initiative granted insight on exceptional experiences and areas of improvement within the direct care workforce across North Carolina. An opportunity to routinely check in with DCWs to gauge their perspectives and experiences with the quality of their employment such as career advancement, work/life balance and compensation satisfaction quarterly, semi-annually or annually could be beneficial in stabilizing the turnover rate within this workforce.¹⁸ An evaluation assessment for DCWs could include the same measures from this survey and/or additional measures that analyze employee well-being. This instrument can either be newly developed or existing like the Quality of Employment Index. The Quality of Employment Index is a five-point Likert scale questionnaire that assesses employee training opportunities, career advancement, job security, employability, work-life conflict and income satisfaction.¹⁸ Asking DCWs to complete an evaluation assessment like this could offer policymakers and stakeholders real-time data on the issues described above and allow inferences on burnout rates, benefits usage and retention to be made while providing informed directives. By monitoring trends over time, implementing an evaluation assessment could support data-driven decisions and adjustments to workforce policies that align with the changing needs of DCWs.

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Appendix 1. Definition of Direct Care Worker

- Direct care workers may include, but are not limited to, individuals referred to by the following titles:
 - Home health aide
 - Nursing assistant
 - Personal care attendant/assistant
 - Caregivers
 - Direct support worker
- “Direct care worker” refers to a person who provides hands-on assistance with activities of daily living (such as eating, personal hygiene, mobility,) to support individuals with disabilities and aging adults across a variety of home and community settings including, but not limited to,
 - Personal homes
 - Group homes
 - Assisted living facilities
 - Adult care homes
- In addition to providing assistance with daily tasks, these workers may also help with
 - Housekeeping chores
 - Meal preparation
 - Medication management
 - Monitoring the individual’s safety and wellbeing
 - Provide social supports to help their clients live independently or remain active in their communities

Appendix 2. Survey Instrument

North Carolina Medicaid Direct Care Worker Survey

Purpose: The North Carolina Department of Human & Health Services is asking all direct care workers to complete the following survey questions to ensure the direct care workforce funding is used as intended. The purpose of this survey is to assess the perspectives of North Carolina direct care workers concerning their satisfaction with their employment, leadership, work-life balance, and the 2022 one-time bonus or wage increase (if applicable). This survey will take between 10-15 minutes to complete. The information collected from the survey will help inform future discussions regarding direct care workforce initiatives. All your responses will remain anonymous and will not be shared with your employer.

Section Title: About You

1. Name of Employer (OPTIONAL)
 - a. Short answer
2. In what county do you currently work as a Direct Care Worker (DCW)? Please select the county where you complete most of your work as a DCW if you work in more than one county.
 - a. Drop-down menu
3. How would you best describe the type of service you provide as a DCW? (select all that apply).
 - a. Certified Nursing Assistant
 - b. Home Health Aide
 - c. Personal Care Aide
 - d. Caregiver
 - e. Direct Care Worker
 - f. Occupational Therapy
 - g. Other _____ (please specify)
4. Which of the following populations do you work with? Please select all that apply.
 - a. Pregnant or postpartum women and infants
 - b. Children/adolescents
 - c. Farm workers
 - d. Foreign national/immigrants/refugees
 - e. Homeless individuals
 - f. Individuals who are members of LGBTQIA+ (lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual/aromantic/agender, all other identities) community
 - g. Individuals living with a physical disability
 - h. Individuals with intellectual or developmental disabilities
 - i. Individuals with a traumatic brain injury

- j. Rural individuals
 - k. Seniors (ages 65 and older)
 - l. Individuals with behavioral health concerns
 - m. Individuals with substance use disorders
 - n. N/A – I do not work with any specific populations
 - o. Other (please specify) _____
5. How many years have you worked as a DCW in North Carolina (NC)? Choose one.
- a. Less than 1 year
 - b. 1 - 4 years
 - c. 5 - 9 years
 - d. 10 - 14 years
 - e. 15 + years
6. How many hours do you work as a paid DCW in a typical week?
- a. Less than 1 hour
 - b. 1 - 9 hours
 - c. 10 - 19 hours
 - d. 20 - 29 hours
 - e. 30 - 39 hours
 - f. 40 + hours
7. How many hours do you work as an unpaid or volunteer DCW in a typical week?
- a. Less than 1 hour
 - b. 1-9 hours
 - c. 10-19 hours
 - d. 20-29 hours
 - e. 30-39 hours
 - f. 40+ hours
8. Does your employer offer paid time off (PTO – sick time, vacation time, personal leave)?
- a. Yes
 - b. No
 - c. I don't know
 - d. N/A
9. Does your employer offer health insurance?
- a. Yes
 - b. No
 - c. I don't know
 - d. N/A

10. Do you travel between sites as a DCW?

- a. Yes
- b. No
- c. I don't know
- d. N/A

Skip logic: If "a", go to Q12; if "b", "c", or "d" skip Q12, go to Q13.

11. Does your employer offer mileage reimbursement when traveling between sites?

- a. Yes
- b. No
- c. I don't know
- d. N/A

12. How many Medicaid beneficiaries do you serve in a work week?

- a. 1 – 5
- b. 5 – 10
- c. 10 – 15
- d. 15 +
- e. I don't know

Section Title: Satisfaction

13. Please indicate how important each of the following factors is to continuing to work in your current position as a Direct Care Worker:

	<i>Not Applicable</i>	<i>Not Important</i>	<i>Slightly Important</i>	<i>Moderately Important</i>	<i>Important</i>	<i>Very Important</i>
<i>Salary</i>						
<i>Paid time off</i>						
<i>Funding for education/continuing education (e.g., licensing and certification programs)</i>						
<i>Opportunities for advancement</i>						
<i>Childcare coverage or support</i>						
<i>Health insurance (including dental and vision)</i>						
<i>Transportation benefits</i>						
<i>Retirement plan</i>						
<i>Schedule flexibility</i>						
<i>Work/life balance</i>						
<i>Strong leadership</i>						

14. Please select the appropriate response.

- As a Direct Care Worker in North Carolina, I feel **supported** by my employer in:

	<i>Not Applicable</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>Receiving relevant and effective trainings/ continued education/ certifications</i>						
<i>Properly resolving conflicts or grievances in a timely manner</i>						
<i>Maintaining a healthy work/life balance (e.g., PTO, scheduling flexibility, 'mental health' days, family emergencies, etc.)</i>						
<i>Ensuring the team is sufficiently staffed</i>						

15. Please select the appropriate response.

- As a Direct Care Worker in North Carolina, I feel **confident** in my leadership's:

	<i>Not Applicable</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Undecided</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>Ability to properly organize and balance shifts</i>						
<i>Ethical treatment of beneficiaries</i>						
<i>Ethical treatment of employees</i>						
<i>Expectations of my work</i>						
<i>Communication regarding questions about pay</i>						
<i>Communication regarding conflicts or grievances</i>						
<i>Communication regarding PTO requests</i>						

Section Title: One-Time Bonus/Wage Increase

Section Description: The North Carolina Operations Appropriations Act of 2021 directed Medicaid to

- provide one-time bonuses to *eligible direct care workers and support staff*
- approved a Medicaid budget provision to help *implement the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) direct care worker wage increases*, and
- *implement provider rate increases to support home- and community-based (HCBS) direct care workers wage increases*

These three amendments are referred to as the Direct Care Worker One-Time Bonus and ICF-IID and HCBS Wage Increase Initiatives - providing one-time bonuses of up to \$2,000 to eligible direct care workers and support staff and increased direct care worker wages toward a minimum of \$15 per hour.

16. How did you learn about the North Carolina's direct care worker one-time bonus and ICF-IID and HCBS wage increase initiatives?

- a. Directly from employer (e.g., staff meeting, bulletin in common space, etc.)
 - b. Online article
 - c. Employee email from larger health care system
 - d. Other _____ (please specify)
 - e. I've never heard about these initiatives
- Skip logic: If "e" skip to End Survey

17. Were you eligible to receive a one-time bonus or wage increase under these Initiatives in 2022?

- a. Yes
 - b. No
 - c. I don't know
- Skip logic: If "b" skip to End Survey

18. How much were you paid **hourly** for your work as a DCW before the one-time bonus or wage increase?

- a. Short answer (number only)

19. In 2022, did you receive the following?

- a. One-time bonus
 - b. Wage increase
 - c. Both
 - d. N/A
 - e. I don't know
- Skip logic: If "a", hide Q22; if "b", skip Q21 ; if "N/A" or "I don't know", skip to End Survey.

20. How much was the one-time bonus that you received in 2022?

- a. Less than \$500.00
- b. \$500.01-\$1,000.00
- c. \$1,000.01-\$1,999.99
- d. \$2,000.00
- e. More than \$2,000.00

21. How much was the per hour wage increase that you received in 2022?

- a. Less than \$1.00
- b. \$1.00 - \$5.00
- c. \$5.01 - \$10.00
- d. \$10.01 - \$14.99
- e. \$15.00
- f. More than \$15.00

22. Please select the appropriate response.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
<i>I knew who to talk to about my one-time bonus/wage increase if I had any concerns/grievances/questions.</i>					
<i>I understand why I was given a one-time bonus/wage increase.</i>					
<i>I was aware I would be receiving a one-time bonus/wage increase.</i>					
<i>I received my one-time bonus/wage increase in the timeframe (pay period) I was told.</i>					
<i>I had no issues receiving my one-time bonus/wage increase from my provider.</i>					

23. Please provide any comments you have about North Carolina's Direct Care Worker One-Time Bonus and ICF-IDD and HCBS Wage Increase Initiatives and your personal experience with the effectiveness of these initiatives. (Open text field)

Appendix 3: Survey Recruitment Flyer

Figure A3-1: 2024 Direct Care Worker Survey Recruitment Flyer



The flyer is a recruitment tool for a survey. It features the NC Department of Health and Human Services logo at the top left. The title 'SURVEY FOR DIRECT CARE WORKERS' is prominently displayed in large, bold, orange letters. Below the title, a paragraph explains the purpose of the survey: to collect information on Direct Care Worker (DCW)* satisfaction in their employment, leadership, and work-life balance. A QR code is provided for easy access to the survey. To the right of the QR code, text encourages workers to scan the code and share their thoughts. A photograph shows a caregiver in blue scrubs assisting an elderly person in a wheelchair. The flyer also includes contact information for the survey, a note about the survey's duration, and a footer with the department's website and a disclaimer.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

SURVEY FOR DIRECT CARE WORKERS

The North Carolina Department of Health and Human Services is looking to collect information on Direct Care Worker (DCW)* satisfaction in their employment, leadership, and work-life balance. This information will help inform future discussions and decisions regarding direct care workforce initiatives.

**Direct Care Workers also refer to Personal Care Aids, Home Health Aids, and Certified Nursing Assistants.*

PLEASE SCAN THE QR CODE TO TAKE A SURVEY AND SHARE YOUR THOUGHTS WITH US!

We need your feedback. All your responses will remain anonymous and will not be shared with your employer. **This survey will be open June 1 through September 30 2024.**

This survey should take less than 15 minutes to complete.

 medicaid.evaluation@dhhs.nc.gov
Please use "DCW Survey" in the subject line

 <https://www.ncdhhs.gov>

NC Department of Health and Human Services - www.ncdhhs.gov - NCDHHS is an equal opportunity employer and provider - May 2024

Appendix 4: DCW Recruitment Email Message

Good morning,

North Carolina Medicaid has recently launched a Direct Care Worker Survey that assesses the perspectives of the North Carolina direct care workforce. This survey comes about as a response to State legislation, including the 2021 North Carolina Operations Appropriations Act.

We are committed to obtaining as many respondents as possible as the survey results will inform discussions of future initiatives for the direct care workforce population. **As such, we would sincerely appreciate if you could share this survey with all of your direct care workers by July 31, 2024.**

We kindly ask that you please distribute (virtually, physically, via employee newsletter, etc.) the attached flyer to your entire direct care workforce population that you employ. This would include all direct care workers, certified nursing assistants, home health aides, personal care assistants, occupational therapists, and more. All types of direct care workers are eligible to take this survey, regardless of tenure.

Please let us know if you have any questions or run into any issues.

Thank you,

NC Medicaid's Program Evaluation Team

Medicaid.Evaluation@dhhs.nc.gov

Raleigh, NC 27699-1950

Appendix 5: Quality of Employment Index

Table A5-1: Quality of Employment Index Items¹⁸

Area	Variable	Item	Answer Category
Training opportunities	TO1	To what extent do you have possibilities to engage in further training in your organization?	1 (= to a very low extent) to 5 (= to a very large extent)
	TO2	To what extent does your organization support you to undertake further training?	1 (= to a very low extent) to 5 (= to a very large extent)
Career advancement	CA1	To what extent do you have possibilities of advancement and promotion in your organization?	1 (= to a very low extent) to 5 (= to a very large extent)
	CA2	To what extent does your organization support professional advancement or promotion?	1 (= to a very low extent) to 5 (= to a very large extent)
Job security	JS1	To what extent do you consider your own job as being safe?	1 (= to a very low extent) to 5 (= to a very large extent)
	JS2	To what extent are you afraid to lose your job? (reversed)	1 (= to a very low extent) to 5 (= to a very large extent)
Employability	Emp1	How difficult would it be for you to find a similar job, if you were to lose or resign from your job? (reversed)	1 (= not difficult at all) to 5 (= very difficult)
	Emp2	And how difficult would it be for you to actually find a job, if you were to lose or resign from your job? (reversed)	1 (= not difficult at all) to 5 (= very difficult)
Work life conflict	WLC1	How often are you unable to reconcile your work and your private life?	1 (= never) to 5 (= (almost) always)
	WLC2	How difficult is it for you to give the necessary attention to your work as well as your private life?	1 (= not difficult at all) to 5 (= very difficult)
	WLC3	How often are conflicts arising as a result of the demands of your work and those of your private life?	1 (= never) to 5 (= (almost) always)
Income satisfaction	IS1	To what extent does your salary reflect your work input?	1 (= to a very low extent) to 5 (= to a very large extent)
	IS2	How satisfied are you at present with your salary?	1 (= to a very low extent satisfied) to 5 (= to a very large extent satisfied)