

## THE 2025 NCI®

# STATE OF THE WORKFORCE SURVEY for INTELLECTUAL AND DEVELOPMENTAL DISABILITIES



THIS PAPER VERSION OF THE SURVEY IS FOR REFERENCE. YOUR RESPONSES TO THIS SURVEY **MUST BE ENTERED IN THE ONLINE PORTAL**. PAPER OR SCANNED COPIES WILL NOT BE ACCEPTED.

Your state contact is Lee Stephens. Please email with any questions at [ra-pwodpim4qnci@pa.gov](mailto:ra-pwodpim4qnci@pa.gov).

You can start, save and come back to this survey at any time. However, once you click “submit” at the end of the survey, you cannot edit or change any responses.

If you believe your agency is not eligible for this survey, please start the survey and answer the first seven questions. If your agency is indeed ineligible, by answering the first seven questions and following the instructions you will be screened out and marked “ineligible” in the system.

Please do not forward this survey outside of your agency.

### BEFORE YOU START

Your agency has been asked to complete this survey because you provide supports to **adults (18 and over) with intellectual/developmental disabilities (IDD)**.

We are interested in learning about your state’s Direct Support Professional (DSP) workforce—Paid staff whose primary job responsibility is to provide support, help with skills development, guidance, or personal assistance at any location or during any activity (e.g., at home, at leisure activities, at work, during recreational activities, etc.) to adults with IDD. DSPs are also commonly known as Direct Support Workers (DSWs), Home Health Aides (HHAs), or Personal Care Attendants (PCAs).

This survey is being administered by National Core Indicators® – Intellectual and Developmental Disabilities (NCI®-IDD) on behalf of your state; state policymakers and advocates will use the data to guide decisions.



IF YOU BELIEVE YOU HAVE RECEIVED THIS SURVEY IN ERROR, PLEASE INFORM THE STATE CONTACT, LEE STEPHENS ([RA-PWODPIM4QNCI@PA.GOV](mailto:RA-PWODPIM4QNCI@PA.GOV)) AND EXPLAIN WHY

## DIRECTIONS

### OVERVIEW

The survey asks for information on DSPs who were on your agency's payroll for any period of time from January 1, 2025 to December 31, 2025 and for whom your agency defined or currently defines wages and benefits. (For more information on who is considered a DSP, see "**Types of Workers to Consider**," below.)

We are collecting information on:

- Their date of hire
- Whether they are currently on staff or if they left/were terminated from the agency during 2025
- Their length of employment
- Whether they work full-time or part-time
- Hours and wages
- Benefits, such as paid time off, health insurance, etc.

You may want to have organizational staff in your Human Resources or Payroll departments complete this survey. You may also need information from program directors, so please review the survey questions and seek additional input as needed.

### IMPORTANT DEFINITIONS

#### TYPES OF WORKERS TO CONSIDER

Most of the questions on this survey are about workers who are employed as **Direct Support Professionals (DSPs)**. DSPs are also commonly known as Direct Support Workers (DSWs), Home Health Aides (HHAs), or Personal Care Attendants (PCAs); Employment Specialists (job coaches); Community Integration Specialists, etc.

For the purposes of this survey, DSPs are paid workers whose primary responsibility is to provide direct support to adults with intellectual and developmental disabilities (IDD) and for whom your agency defines wages and benefits directly. Workers hired through a temporary personnel agency, contract, or 1099 arrangement should not be included in your responses.



**Include** these workers in your responses about DSPs:

- Paid staff whose primary job responsibility is to provide support, help with skills development, guidance, or personal assistance at any location or during any activity (i.e., at home, at leisure activities, at work, during recreational activities, etc.) to adults with IDD.
- Paid staff who spend at least 50% of their hours doing direct support tasks. Their primary job responsibility and more than 50% of their hours are spent doing direct support work.
- People with some supervisory responsibilities—but **only** if more than 50% of their hours are spent doing direct support tasks.



**Do not include** these workers in your responses about DSPs:

- Clinically licensed staff (therapists, nurses, social workers, psychologists, etc.)
- Behavior specialists, behavior technicians or behavior clinicians (BCBA)
- Those who **only** provide transportation, home modifications, and/or meal delivery
- Contract or 1099 workers
- On-call or PRN workers
- Staff hired through a temporary personnel agency
- Admin staff or supervisory staff, unless they spend 50% or more of their time doing direct support work

**Regarding host/foster/family home arrangements:** Please respond only about DSPs who are employed and work in addition to the primary shared living/foster care provider.

**Regarding Fiscal Intermediaries or Employers of Record for DSPs working for people who are self-directing their own services:** If your agency functions solely as a fiscal intermediary or employer of record, please do not respond to this survey; instead, email your State Contact listed above.

If your agency functions as a fiscal intermediary/employer of record **and also** provides direct support, please respond only about the DSPs employed by your agency; *do not include* DSPs hired and managed by people/families who are self-directing in your responses.

## TYPES OF SUPPORTS

The survey asks about the following supports provided by the DSPs in your agency

| Residential Supports   | In-Home Supports  | Non-Residential Supports  |
|--|---|---|
| <p><b>Provided to a person in a home or apartment that is owned or operated by your agency.</b></p> <p><i>This includes residential services delivered to people who DO NOT live in their family's home or their own private home/apartment which they rent or own.</i></p> <p><i>Residential supports include:</i></p> <ul style="list-style-type: none"> <li>• Residential Services</li> <li>• 24-hour supports such as a Group Home, Agency-Operated Apartments or ICFs/ID</li> <li>• Host home or foster home services</li> </ul> <p><i>If the service recipient holds a lease with your provider agency, this is considered a residential support or service.</i></p> | <p><b>Provided to a person in a home or apartment that is not owned or operated by your agency. This includes:</b></p> <ul style="list-style-type: none"> <li>• Supports provided to a person in their own private home or apartment, or a private home/apartment they live in with their family (only if their home or apartment is not owned or operated by your agency)</li> <li>• This category can include homemaker/personal care services (in many states).</li> </ul> | <p><b>Provided in a day program, community program, or work setting. This includes:</b></p> <ul style="list-style-type: none"> <li>• Adult day services</li> <li>• Community supports such as supports provided to assist a person to participate in community activities</li> <li>• Employment or vocational services. This can include supports to help people who are looking for work or work supports such as job coaching or employment support.</li> </ul> |

# THE 2025 NATIONAL CORE INDICATORS®-INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (NCI-IDD) STATE OF THE WORKFORCE SURVEY

## Agency Profile

## Write-in answer

1. Agency name or code number (optional):

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2. Does your agency **ONLY** support **adults with intellectual/developmental disabilities (IDD)**?
  - ☐ Yes (GO TO Q4)
  - ☐ No (GO TO Q3)

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3. If NO to Q2, can you isolate wage information, vacancy rates, and benefits for DSPs who work with adults with IDD, and can you report on these separately?
  - ☐ Yes → When answering the remainder of this survey, please refer to DSPs who provide at least some support to adults with IDD, even if they also supported other populations.
  - ☐ No → Please refer to all DSPs when answering this survey

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4. Does your agency **only** use contract DSPs and/or 1099 DSPs?  
 Answer “YES” if your agency does NOT have any DSPs on regular payroll and your agency only uses contract and/or 1099 DSPs  
 Please do not skip this question. Your survey will not be counted if you do not provide an answer for this question
  - ☐ Yes → Your agency is not eligible for the survey. Please **click NEXT and then click DONE**
  - ☐ No

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5. Did you have any DSPs on your payroll as of **December 31, 2025**?  
 (Include only DSPs who provided to adults with IDD. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider)  
 Please do not skip this question. Your survey will not be counted if you do not provide an answer for this question
  - ☐ Yes
  - ☐ No → Your agency is not eligible for the survey. Please **click NEXT and then click DONE**

**Reminders:** For the purposes of this survey, DSPs are those whose primary job responsibility is to provide support, help with skills development, guidance, or personal assistance at any location or during any activity (i.e., at home, at leisure activities, at work, during recreational activities, etc.) to adults with IDD.

Please see the instructions under “Types of Workers to Consider” at the beginning of this survey for details about the types of positions to include in your responses.

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6. Was your agency in operation for at least six continuous months between Jan. 1, 2025 and Dec. 31, 2025?  
 Please do not skip this question. Your survey will not be counted if you do not provide an answer for this question
  - ☐ Yes
  - ☐ No → Your agency is not eligible for the survey. Please **click NEXT and then click DONE**

In Questions **7-10** we will be asking about the following types of supports provided by DSPs to adults with IDD.

| Residential Supports   | In-Home Supports   | Non-Residential Supports   |
|--|--|--|
| <p><b>Provided to a person in a home or apartment that is owned or operated by your agency.</b><br/> <i>This includes residential services delivered to people who DO NOT live in their family's home or their own private home/apartment which they rent or own.</i></p> <p><i>Residential supports include:</i></p> <ul style="list-style-type: none"> <li>• Residential Services</li> <li>• 24-hour supports such as a Group Home, Agency-Operated Apartments or ICFs/ID</li> <li>• Host home or foster home services</li> </ul> <p><i>If the service recipient holds a lease with your provider agency, this is considered a residential support or service.</i></p> | <p><b>Provided to a person in a home or apartment that is not owned or operated by your agency.</b> This includes:</p> <ul style="list-style-type: none"> <li>• Supports provided to a person in their own private home or apartment, or a private home/apartment they live in with their family (only if their home or apartment is not owned or operated by your agency).</li> <li>• This category can include homemaker/personal care services (in many states).</li> </ul> | <p><b>Provided in a day program, community program or work setting.</b> This includes:</p> <ul style="list-style-type: none"> <li>• Adult day services</li> <li>• Community supports such as supports provided to assist a person to participate in community activities</li> <li>• Employment or vocational services. This can include supports to help people who are looking for work or work supports such as job coaching or employment support.</li> </ul> <p><b>PLEASE NOTE:</b> Because of COVID-19, many traditionally 'non-residential' supports and services began to be provided in the person's residence or home. If services provided by your agency fit the description above but because of COVID-19 were provided in a person's residence/home, they are still considered "non-residential supports"</p> |

**7.** As of Dec. 31, 2025, did your provider agency provide **at least one** of the following types of support?

- **Residential**
- **In-home** and/or
- **Non-residential supports**

*Please do not skip this question. Your survey will not be counted if you do not provide an answer for this question*

- ☐ Yes
- ☐ No → Your agency is not eligible for the survey. Please **click NEXT and then click DONE**

**8.** As of Dec. 31, 2025, did your agency provide **residential supports** to adults with IDD?  
*Residential supports are defined above.*

- ☐ Yes
- ☐ No

**9.** As of Dec. 31, 2025, did your agency provide **in-home supports** to adults with IDD in their own home or apartment or their family home or apartment? *In-home supports are defined above.*

- ☐ Yes
- ☐ No

**10.** As of Dec. 31, 2025, did your agency provide '**non-residential**' supports and services to adults with IDD? *Non-residential supports are defined above.*

- ☐ Yes
- ☐ No

**11.** How many adults with IDD were enrolled in residential, in-home, and/or non-residential services from your agency as of **Jan. 1, 2025**?

*Please provide an unduplicated count. That is, if your agency serves someone at home **and** with non-residential supports, please count that person only once.*

- 12.** How many adults with IDD were enrolled in residential, in-home, and/or non-residential services from your agency as of **Dec. 31, 2025?**

(**Q11** and **Q12** are aimed at documenting the change in your service population over 2025.)

*Please provide an unduplicated count. That is, if your agency serves someone at home **and** with non-residential supports, please count that person only once.*

- 13.** In 2025, did your agency have to turn away or stop accepting new service referrals due to DSP staffing issues?

- ☐ Yes  
☐ No

- 14.** Is your agency (*check all that apply*):

- ☐ Private for-profit  
☐ Private nonprofit (Designated as a 501(c)3)  
☐ Government (city, county or state government, or local government boards)

*If you are a Government agency, please select one of the following:*

- ☐ State/County/Local Government—Your staff are local government employees (such as state, county, city or municipal employees hired through the local government hiring process and receiving benefits and wages through the local government payroll system)  
☐ Other government entity - such as quasi-governmental agencies, county boards of disability, where employees are not government-hired directly, but their wages and benefits follow a government scale and are administered through a separate agency, not the state or local government payroll system) (please explain) \_\_\_\_\_

15. How many **DSPs** did you have on your payroll as of **Jan. 1, 2025**?

*If no DSPs were on your payroll as of Jan 1, 2025, please enter "0".*

*Please include all DSPs providing at least some support to adults with IDD, even if they also supported other populations. Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

\_\_\_\_\_ DSPs supporting adults with IDD were on payroll **as of Jan. 1, 2025**

16. How many **DSPs** were on your payroll as of **Dec. 31, 2025**?

*(Q15 and Q16 are aimed at understanding the change in your DSP workforce over 2025.)*

*Please do not skip this question and do not enter "0". Your survey will not be counted if you do not provide an answer for this question*

*Please include all DSPs providing at least some support to adults with IDD, even if they also supported other populations. Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

\_\_\_\_\_ DSPs supporting adults with IDD were on payroll as of **Dec. 31, 2025**

Your agency must have had at least one DSP supporting adults with IDD on payroll as of Dec. 31, 2025 to be eligible to respond to this survey.

If this question is left blank or answered with "0," your agency's responses will not be included in the survey.

17. Please indicate the number of DSPs on your payroll as of Dec. 31, 2025 who were continuously employed in a direct support capacity for:

Less than 6 months \_\_\_\_\_  
Between 6 and 12 months \_\_\_\_\_  
Between 12 and 24 months \_\_\_\_\_  
Between 24 and 36 months \_\_\_\_\_  
More than 36 months \_\_\_\_\_

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

**Note: The responses in Q17 must add up to the same number as in Q16.**

18. Please indicate the number of DSPs on your payroll as of Dec. 31, 2025 who identify as:

**American Indian or Alaska Native**

**Asian**

(Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian)

**Black or African American**

**Pacific Islander**

(Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)

**White**

**Hispanic/Latino**

(Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino)

**More than one race/ethnicity**

**Other race/ethnicity**

**Don't know**

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

**Note: The responses in Q18 must add up to the same number as in Q16.**

**19.** Please indicate the number of DSPs on your payroll as of Dec. 31, 2025 who identify as:

Male \_\_\_\_\_  
Female \_\_\_\_\_  
Non-binary \_\_\_\_\_  
Don't know \_\_\_\_\_

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

**Note: The responses in Q19 must add up to the same number as in Q16.**

**20.** How many DSPs **left/separated from your agency permanently** between Jan. 1, 2025 and Dec. 31, 2025?

***Permanently Separated DSPs*** are DSPs who were removed from your payroll for any reason during the year. Do not include workers who were promoted or transferred within the agency.

*If no DSPs left/separated from your agency permanently between Jan. 1, 2025 and Dec. 31, 2025, please enter "0".*

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

**21.** Of those **DSPs who left/separated from your agency permanently between Jan. 1, 2025 and Dec. 31, 2025**, please indicate the number who had been continuously employed by your agency (in a direct support capacity) for:

Less than 6 months \_\_\_\_\_  
Between 6 and 12 months \_\_\_\_\_  
Between 12 and 24 months \_\_\_\_\_  
Between 24 and 36 months \_\_\_\_\_  
More than 36 months \_\_\_\_\_

**Note: The responses in Q21 must add up to the total number of permanently separated DSPs in Q20**

**22.** Of those **DSPs who left/separated from your agency permanently between Jan. 1, 2025 and Dec. 31, 2025**, please indicate the number who left under each of the following circumstances. (Please DO NOT include those who were rehired or who rejoined payroll in 2025):

**Voluntarily left, retired or quit** \_\_\_\_\_  
**Employment was terminated** \_\_\_\_\_  
(due to performance issues or violation of agency policy)  
**Laid off** \_\_\_\_\_  
(position was eliminated)  
**Don't know** \_\_\_\_\_

**Note: The responses in Q22 must add up to the total number of permanently separated DSPs in Q20**



23. Does your agency distinguish between full-time and part-time DSP positions?

- ☐ Yes  
☐ No (GO TO Q30)

24. How many **full-time DSPs** were on your payroll as of Dec. 31, 2025?

*If the answer is none, please write "0"*

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

25. How many **full-time DSP position vacancies** did you have at your agency as of Dec. 31, 2025?

*If the answer is none, please write "0"*

26. Add your responses to Q24 and Q25 and enter the total here. This figure represents your **total number of full-time DSP positions** as of Dec. 31, 2025.

27. How many **part-time DSPs** were on your payroll as of Dec. 31, 2025? (Do not include PRN or on-call workers)

*If the answer is none, please write "0"*

*Include DSPs as defined under "Types of Workers to Consider" at the beginning of this survey. Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.*

**Note: The response in Q27 plus the response in Q24 must equal the response in Q16**

28. How many **part-time DSP position vacancies** did you have at your agency as of Dec. 31, 2025?

*If the answer is none, please write "0"*

29. Add your responses to Q27 and Q28 and enter the total here. This figure represents your **total number of part-time DSP positions** as of Dec. 31, 2025.

## COMPENSATION

**30.** What was the average (mean) **STARTING** hourly wage paid to DSPs in each of the following types of services in 2025? *The average **STARTING** hourly wage is defined as the average hourly wage paid to DSPs upon starting with your agency.*

- Do not include overtime wages in your calculations.
- Do not include wage bonuses in your calculations.
- Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or primary host-home/foster-care providers
- Include DSPs as defined under “Types of Workers to Consider” at the beginning of this survey
- Please refer to the period between Jan. 1, 2025 and Dec. 31, 2025.

**Average (mean) **STARTING** hourly wage for DSPs**

- |   |                        |
|---|------------------------|
| a) Average starting wages of DSPs across services and settings  | \$____.____ (per hour) |
| b) Average starting wages of DSPs providing <b>residential supports</b> (as defined under “Types of Supports” at the beginning of this survey)                  | \$____.____ (per hour) |
| c) Average starting wages of DSPs providing <b>in-home supports</b> (as defined under “Types of Supports” at the beginning of this survey)                      | \$____.____ (per hour) |
| d) Average starting wages of DSPs providing <b>non-residential services and supports</b> (as defined under “Types of Supports” at the beginning of this survey) | \$____.____ (per hour) |

**31.** What was the average (mean) hourly wage paid to DSPs (regardless of length of employment) in each of the following types of services in 2025?

- Do not include overtime wages in your calculations.
- Do not include wage bonuses in your calculations.
- Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or primary host-home/foster-care providers
- Include DSPs as defined under “Types of Workers to Consider” at the beginning of this survey
- Please refer to the period between Jan. 1, 2025 and Dec. 31, 2025.

**Average (mean) hourly wage for DSPs**

- |   |                        |
|---|------------------------|
| a) Average hourly wages of DSPs across services and settings  | \$____.____ (per hour) |
| b) Average hourly wages of DSPs providing <b>residential supports</b> (as defined under “Types of Supports” at the beginning of this survey)                  | \$____.____ (per hour) |
| c) Average hourly wages of DSPs providing <b>in-home supports</b> (as defined under “Types of Supports” at the beginning of this survey)                      | \$____.____ (per hour) |
| d) Average hourly wages of DSPs providing <b>non-residential services and supports</b> (as defined under “Types of Supports” at the beginning of this survey) | \$____.____ (per hour) |

32. If your agency differentiates between full-time and part-time DSPs (as in Q23), do you use a different pay scale for full-time and part-time DSPs?

In other words, do starting wages and/or raise calculations differ for part-time DSPs versus full-time DSPs?

- ☐ Yes  
☐ No

33. Does your agency provide a pay-differential for those DSPs who can communicate in languages other than English?

*Please respond "yes" if your agency pays more to DSPs who can support people whose preferred language is not English, for example a higher pay rate for DSPs who can support people in Spanish, another world language or American Sign Language.*

- ☐ Yes  
☐ No

### Bonuses and Overtime

34. Did your agency give **wage bonuses** to DSPs in 2025?

*A bonus is wage compensation supplemental to salary or wages. Bonuses are typically given at intervals less frequent than payroll.*

*Do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider*

- ☐ Yes  
☐ No

### Benefits

In your answers to this section, **only consider those DSPs on your payroll**; do not include DSPs hired through a temp agency, contract DSPs, 1099 DSPs, On-Call or PRN DSPs or a primary host-home/foster-care provider.

35. Does your agency provide any paid time off to DSPs?

- ☐ Yes  
☐ No (GO TO Q44)

36. Did your agency offer **pooled paid time off** to some or all DSPs in 2025?

**Pooled paid time off** = Paid time off that is not distinguished by category (vacation, sick or other time off); all accrued time is pooled. If your agency offers vacation, sick, personal or other time off but **it is not pooled**, please answer "no".

- ☐ Yes  
☐ No (GO TO Q38)

37. If **pooled paid time off** was offered to some or all DSPs, what were the requirements for a DSP to be eligible? (Check all that apply)

- ☐ Must be working full time  
☐ Must work a minimum amount of time in a defined period (for example, 35 hours/week, 18 days/month, etc.)  
☐ Must have been employed at the agency for a certain length of time  
☐ All DSPs are eligible (GO TO Q44)

38. Did your agency offer **paid vacation time** to some or all DSPs in 2025?  
(If your agency offers pooled paid time off to all DSPs, you may skip this question.)
- ☐ Yes
  - ☐ No (GO TO Q40)
39. If **paid vacation time** was offered to some or all DSPs, what were the requirements for a DSP to be eligible?  
(Check all that apply)
- ☐ Must be full time
  - ☐ Must work a minimum amount of time within a defined time period (for example, must work 35 hours/week, 18 days/month, etc.)
  - ☐ Must have been employed at the agency for a certain length of time
  - ☐ All DSPs are eligible
40. Did your agency offer **paid sick time** to some or all DSPs in 2025?  
(If your agency offers pooled paid time off to all DSPs, you may skip this question.)
- ☐ Yes
  - ☐ No (GO TO Q42)
41. If **paid sick time** was offered to some or all DSPs, what were the requirements for a DSP to be eligible?  
(Check all that apply)
- ☐ Must be full time
  - ☐ Must work a minimum amount of time within a defined time period (for example, must work 35 hours/week, 18 days/month, etc.)
  - ☐ Must have been employed at the agency for a certain length of time
  - ☐ All DSPs are eligible
- 
42. Did your agency offer **paid personal time** to some or all DSPs in 2025?  
(If your agency offers pooled paid time off to all DSPs, you may skip this question.)
- ☐ Yes
  - ☐ No (GO TO Q44)
- 
43. If **paid personal time** was offered to some or all DSPs, what were the requirements for a DSP to be eligible?  
(Check all that apply)
- ☐ Must be full time
  - ☐ Must work a minimum amount of time within a defined time period (for example, must work 35 hours/week, 18 days/month, etc.)
  - ☐ Must have been employed at the agency for a certain length of time
  - ☐ All DSPs are eligible
- 
44. Did your agency offer **health (medical) insurance coverage** to some or all DSPs in 2025?
- ☐ Yes
  - ☐ No (GO TO Q46)

45. If **health (medical) insurance coverage** was offered to some or all DSPs, what were the requirements for a DSP to be eligible?  
(Check all that apply)
- ☐ Must be full time
  - ☐ Must work a minimum amount of time within a defined time period (for example, must work 35 hours/week, 18 days/month, etc.)
  - ☐ Must have been employed at the agency for a certain length of time
  - ☐ All DSPs are eligible
- 
46. Did your agency offer **dental coverage** to some or all DSPs in 2025?  
(If dental coverage is included in your agency's health insurance benefit, please answer "yes" to this question.)
- ☐ Yes
  - ☐ No
- 
47. Did your agency offer **vision coverage** to some or all DSPs in 2025?  
(If vision coverage is included in your agency's health insurance benefit, please answer "yes" to this question.)
- ☐ Yes
  - ☐ No
- 
48. Did your agency offer an **employer-sponsored retirement plan (401K, 403b, or other plan)** to some or all DSPs in 2025?
- ☐ Yes
  - ☐ No (GO TO Q50)
- 
49. If an **employer-sponsored retirement plan (401K, 403b or other plan)** was offered to some or all DSPs, what were the requirements for a DSP to be eligible? (Check all that apply)
- ☐ Must be full time
  - ☐ Must work a minimum amount of time within a defined time period (for example, must work 35 hours/week, 18 days/month, etc.)
  - ☐ Must have been employed at the agency for a certain length of time
  - ☐ All DSPs are eligible
50. What other benefits did your agency offer to some or all DSPs in 2025?
- ☐ Reimbursement or other support for post-secondary education (such as tuition assistance)
  - ☐ Employer-paid job-related training
  - ☐ Employer-sponsored disability insurance
  - ☐ Flexible Spending Accounts
  - ☐ Health incentive programs (such as gym membership, yoga, smoking cessation incentives)
  - ☐ Life insurance
  - ☐ Transportation benefits—for example, bus pass, parking, carpooling
  - ☐ Childcare benefits
  - ☐ Employee Assistance Program (EAP)
  - ☐ I am not sure/don't know
  - ☐ Other (please describe) \_\_\_\_\_

## Recruitment and Retention

51. Does your agency offer a pay incentive or referral bonus for current DSP staff to bring in new recruits?

- ☐ Yes
- ☐ No

52. Please check all strategies your agency uses to retain staff in DSP positions:

- ☐ Does your agency offer a **realistic job preview** for DSP positions?  
*A realistic job preview provides the applicant with accurate information about the job duties (both positive and negative) from the perspective of people who do the work; it is provided to the applicant prior to making a job offer and its purpose is to help an applicant decide if they would like to pursue the job.*
- ☐ Does your agency offer a **sign-on bonus** to newly hired DSPs?
- ☐ Does your agency **engage with high schools and/or local colleges/universities** for DSP recruitment purposes?
- ☐ Does your agency offer and/or participate in **apprenticeship programs** for DSP recruitment purposes? *An apprenticeship program uses a combination of on-the-job training and classroom learning that provides experience in a job.*
- ☐ Do your DSPs receive **training on a Code of Ethics**?
- ☐ Does your agency use a **DSP ladder** to retain highly skilled workers in DSP roles (continuing to provide direct service to individuals with IDD)? (For example, a *career ladder for DSPs*)
- ☐ Does your agency support DSPs to get **credentialed** through a state or nationally recognized professional organization? (For example, Direct Course College of Direct Support through National Association of Direct Support Professionals, etc.) *Support may take the form of financial support to cover the cost of the credential, paying the DSP for the time needed to complete the credential, or other financial support.*
- ☐ Are **bonuses, stipends or raises** provided to DSPs as they **complete key stages of a credentialing process or upon completion of the credentialing process**?
- ☐ Does your agency implement any **employee engagement surveys**, or other efforts aimed at assessing DSP satisfaction and experience working for the agency?
- ☐ Does your agency have any **employee recognition programs that include DSPs** such as initiatives to reward DSPs for achievement, anniversaries, and other milestones?
- ☐ Are **DSPs included in agency governance**? For example, do DSPs serve on advisory boards within the agency? Do DSPs play a role in hiring?
- ☐ Does your agency **require any training for DSPs** above and beyond those trainings required by state regulation?

## Frontline Supervisors

The next questions refer EXCLUSIVELY to **Frontline Supervisors**—the first line of management in human service organizations. These are staff who supervise DSPs working with adults with IDD and often also engage in direct

support as part of their duties. For these questions, **please answer about Frontline Supervisors who spend more than 50% of their time on supervisory tasks.**

**53.** How many **Frontline Supervisors** supervising DSPs were employed by your agency as of Dec. 31, 2025?  
(Please only include Frontline Supervisors who supervise DSPs supporting adults with IDD)

**54.** Did **Frontline Supervisors** receive additional pay/wages for overtime hours (hours worked beyond 40 per week) in 2025?  
(Please only include Frontline Supervisors who supervise DSPs supporting adults with IDD)

☐ Yes  
☐ No

**55.** Please indicate the number of Frontline Supervisors on your payroll as of Dec. 31, 2025 (**Q53**) who identify as:

**American Indian or Alaska Native**

**Asian**

(Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or Other Asian)

**Black or African American**

**Pacific Islander**

(Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)

**White**

**Hispanic/Latino**

(Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or Other Spanish/Hispanic/Latino)

**More than one race/ethnicity**

**Other race/ethnicity**

**Don't know**

**Note: The responses in **Q55** must total the response provided in **Q53****

**56.** Of the total number of **Frontline Supervisors** on your payroll as of Dec. 31, 2025 (**Q53**), please indicate the number who identify as:

Male \_\_\_\_\_  
Female \_\_\_\_\_  
Non-binary \_\_\_\_\_  
Don't Know \_\_\_\_\_

**Note: The responses in **Q56** must total the response provided in **Q53****

## STATE SPECIFIC QUESTIONS

### Comments

**57.** OPTIONAL: Thank you for your careful attention and effort in completing this survey. Occasionally, data fall far outside the average range of all reporting agencies. If that occurs, are you willing to be contacted by HSRI to

verify the data you entered?

If you are willing to be contacted, please provide your email address here:

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**58.** How long did it take you to complete this survey? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes

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**59.** Please enter any comments you have about this survey