

2026 Direct Care Workforce Survey

Due date: April 30, 2026

Introduction

The 2023-2025 biennial budget provided \$146 million in SFY 2024-2025, and the 2025-2027 biennial budget provided \$146 million in SFY 2025-2026 for Direct Care Workforce Funding Initiative payments.

Purpose of Survey

To ensure the Direct Care Workforce Funding is used as the Wisconsin legislature intended, the Wisconsin Department of Health Services (DHS) is requiring all providers receiving Direct Care Workforce Funding to complete the following survey questions. The information collected from the survey will help inform future discussions regarding direct care workforce initiatives.

Due Date: April 30, 2026

Providers must complete the survey according to the due date to indicate how the funds are being used and determine the effectiveness of the program. Information about future surveys will be updated as it becomes available on the Direct Care Workforce Funding Initiative FAQs webpage. ***Providers should complete this survey based on Direct Care Workforce payments received since June 2025.*** These payments include:

- 2024 Payment 2 distributed in June 2025
- 2025 Payment 1 distributed in December 2025
- ***Redistribution payments should not be included***

Definition of Direct Care Worker

For the purposes of the Direct Care Workforce Funding Initiative, a direct care worker is defined as an employee who contracts with, or is an employee of, an entity that contracts with an MCO to provide:

- Adult day care services
- Daily living skills training
- Habilitation services
- Residential care (adult family homes of 1–2 beds, adult family homes of 3–4 beds, community-based residential facilities, residential care apartment complexes)
- Respite care services provided outside of a nursing home
- Supportive home care

- Supported employment services

And who provides one or more of the following services through direct interaction with members:

- Assisting with activities of daily living or instrumental activities of daily living
- Administering a member's medications
- Providing personal care or treatments for a member
- Conducting activity programming for a member
- Providing services such as food service, housekeeping, transportation, individual or group supported employment, prevocational employment, or vocational futures planning to the member

Staff not in the definition of direct care worker include, but are not limited to:

- Licensed practical nurses, registered nurses, nurse practitioners
- Nursing home staff and personal care agency staff
 - Personal care agency staff are eligible starting with the 2024 payment 1.
- Staff in marketing, sales, reception, finance, or maintenance and plant operations
- Staff who work exclusively in food service, transportation, and housekeeping and do not have direct contact with members

Payment Information

DHS is requesting the following information to indicate how the Direct Care Workforce funds are being used to determine the effectiveness of the program.

1. Enter the total dollar amount of payments you received since June 2025.

*

2. Indicate how you allocated the Direct Care Workforce funding for the total dollar amount you entered in question 1. The sum should equal the total dollar amount you entered in question 1. *

Wage
increases

Retention or longevity
bonuses

Performance
bonuses

Employee paid time
off

Staff referral
bonuses

Sign on
bonuses

Employer payroll taxes resulting from other Direct Care
Workforce payments

Total : 0

3. Why did your organization choose the funding uses indicated in question 2?

*

Impact Questions

4. Are you aware of any instances in your organization when the Direct Care Workforce Funding made the difference in your ability to retain or recruit a direct care worker? If so, how many instances are you aware of? *

- No.
- Yes, one instance.
- Yes, two instances.
- Yes, three or more instances.

5. Overall, how much of an impact do you believe the Direct Care Workforce Funding has on your ability to recruit and retain direct care workers? *

- Significant positive impact
- Some positive impact
- No impact
- Some negative impact
- Significant negative impact

6. Are you an owner-occupied provider? *

- Yes
- No

Attestation

I hereby attest that I have been authorized to complete this survey on behalf of my organization.

I attest that the Direct Care Workforce funding my organization received was or will be used within six months of receiving payment for wage increases, retention and/or longevity bonuses, performance bonuses, employee paid time off, staff referral bonuses, sign-on bonuses to direct care workers, or that part of the funding was used to pay for employer payroll tax increases that resulted from the aforementioned increased payments to direct care workers.

I further attest that my organization has documentation and will maintain documentation proving the amounts paid to individual direct care workers and that these payments to direct care workers were distributed within six months of receiving the payment. I attest that this documentation will be provided upon request. I attest that the information in the remainder of this survey response is accurate to the best of my knowledge and ability.

Attestation Signature

7. *

First name *

Last name *

Title *

Organization *

Work address *

City *

State *

ZIP code *

Email address *

Phone number *

1113334444

Date *

MM/DD/YYYY

Please provide your electronic signature and typed name below.

*

Sign name using mouse or touch pad

Signature of

Thank you for completing the 2026 Direct Care Workforce Survey!

You will receive confirmation to the provided email address. For your own records, the email will include a copy of your survey answers.

You will now be redirected to the Direct Care Workforce Funding Initiative FAQ webpage.

