

Instructions for MINIMUM WAGE Survey 2022-2023

Attached is the 2022-2023 ALP Minimum Wage Survey.

1. The 2022-2023 ALP Minimum Wage Survey is due no later than close of business on **December 23, 2022 COB**.
2. The attachment should be saved to your computer before entering data. Please use the following format to name your file:
 - a. "Facility name" "2022/23 minimum wage survey"
3. Once completed and saved, email the file to:
Alp-rates@health.ny.gov
4. Please make every effort to carefully follow the directions and complete using the provided guidelines.
 - a. Questions prior to sending your completed reconciliation can be sent to-
Alp-rates@health.ny.gov
5. In addition to this spreadsheet, please also complete the attached attestation document. You will need to print it, have it signed by an authorized person representing your facility, attesting to the accuracy of the data, and return it to DOH.
6. Facilities can opt out of the survey. IF you choose to OPT OUT, we ask that you still complete section I and II for each year and return the file. It is important that we know who has opted out.

COMPLETING THE SURVEY:

The spreadsheet contains formulas that will perform all necessary calculations. The grayed-out cells contain the formulas and cannot be changed. Please start with 2022 and work forward.

SECTION I: GENERAL INFORMATION

1. All facilities must complete this section for each year even if you are opting out of the reconciliation.
 - a. Line 7- please enter your facility name exactly as it appears on your operating certificate
 - b. Line 8- Please enter the Medicaid provider id# associated with your ALP.
 - c. Line 9- Please enter your region where you operate using the drop-down list. Click in the box and the drop-down arrow will appear. **Note:** your region corresponds to the minimum wage rate that your wages will be compared to and must be correct for the remainder of the reconciliation to calculate properly. The regions are:
 - i. NYC – Bronx, Brooklyn, Kings, New York and Queens
 - ii. LI and Westchester – Nassau, Suffolk and Westchester
 - iii. Rest of State – all other counties
 - d. Line 10- Contact person name and e-mail: Please fill in so that DOH can follow up if necessary.

SECTION II: OPTING OUT

1. All facilities must complete this section for each year even if you are opting out of the reconciliation.
 - a. **Line 15 Do you choose to opt out?** Please be careful and choose yes from the drop-down list ONLY if you are opting out. Choose NO if you plan on completing the reconciliation
 - b. **Line 16 Reason:** If you choose YES in line 15, please click on the drop-down and choose one of the reasons. If you are not opting out, please select "N/A"

SECTION III: DETERMINING YOUR % OF MEDICAID BILLABLE DAYS OF CARE

1. All facilities **not opting out** will complete this section using your census totals for the year you are completing
 - a. **Line 23 enter your total census for the year.** This is your days of care for the entire facility (January- Dec.) It is the same census that you would have entered on the annual financial cost report for that year.
 1. USE YOUR ACTUAL DATA from 2022 through November 30th, and include an estimate of days for the month of December to determine your total days of care for 2022.
 2. Use an estimate of total census for 2023.
 - b. **Line 24 Enter your ALP Medicaid Census for the year:** This is your days of care for January-December 2022 for all ALP residents receiving Medicaid. This is the same census number you would enter on your annual financial cost report.
 - c. **Line 25 Enter your ALP private pay census.** If your facility had ALP residents that were NOT Medicaid, you will need to compute the total days of care from your daily census reports. Note: the total of line 24 and line 25 should equal your total ALP census days of care for the year. If you did not serve any private pay ALP residents for the year, enter 0.

SECTION IV CALCULATION OF EMPLOYEE STAFF COSTS

In this section you will enter employees/positions, their total hours, and rate of pay prior to the minimum wage increase that were below the minimum wage rate on January 1 of the year you are completing. Follow these steps to assure you have captured everyone eligible. It is required that each facility use actual data through November 30, 2022 and a projection for December for the 2022 rate year survey and a full annual projection for rate year 2023. The 2023 RY minimum wage survey will be reconciled with actual facility data after the end of the calendar year.

1. Review your payroll record for all employees that were working in the last pay period of November 2022.
 - a. Include only those employees that worked in the ALP and provided Medicaid approved ALP services and/or support to those services. (This includes HHA's, PCA's, Nurses that work in the ALP as managers or indirect care, and administrative staff such as bookkeepers or Medicaid billing staff).
 - b. From the list of staff identified in section a above: include only those staff that, in the previous year, were below the minimum wage set to go into effect on January 1.
 - c. For example, you employ 75 total people in the 100 bed facility with 60 ALP beds. Your facility is in the category "rest of state" and the minimum wage is set to increase to \$13.20 on January 1, 2022
 - i. Of those 60, 40 fit the definition in section a
 - ii. Of those 40, there are 20 employees that are making less than \$13.20 in the last pay period of 2021 and each of them will be raised to \$13.20 or more on January 1, 2022
 - iii. It is these 20 employees that will be included in this section.
2. In October 2022, Home Care Aide workers received an additional \$2 for minimum wage (see DAL dated September 30, 2022 for eligibility information). For home care workers in receipt of the \$2 home care minimum wage increase, the minimum wage will be \$16.20 in the "rest of state" region. All other employees will have a minimum wage of \$14.20. The example above should be used for 2023 by replacing the \$13.20 with \$16.20 for eligible home care workers and \$14.20 for all others.
3. Enter each employee's name or a discrete identification per employee and position in the table starting on line 38.
 - a. From the drop downs, select either full or part time.

- b. The 2023 tab includes a column to identify if the employee received the Home Care Worker minimum wage increase.
 - c. **Column D in the 2022 tab, and E in the 2023 tab** asks if the employee worked exclusively in the ALP?
 - i. Choose yes or no. Your answer is very important and must be accurate.
 - ii. Exclusive in the ALP means they provided no services to non-ALP residents.
4. **Column E in the 2022 tab, and F in the 2023 tab seeks Annual Hours worked.**
- a. Hours worked includes PTO, Vacation, Sick, Holiday.
 - i. Note: These hours and wages cannot be counted as part of your cost of fringe.
 - ii. All paid time off will count in the total hours for that individual employee.
 - b. There are 2 possible ways to determine the total hours worked for 2022
 - i. If the employee worked all of 2022, you will use his/her total hours through November and the assumption of hours worked for December
 - ii. If the employee did not work all of 2022, you will use that employees' total hours plus the hours of the employee(s) that completed the year in that position. You will enter the information all on one line
 - c. For hours worked for 2023, provide the assumption of hours worked for the position for a full year
5. **Column H in the 2022 tab, and I in the 2023 tab:** Asks for the employees' hourly rate of pay.
- a. This is the rate of pay the employee was earning prior to the minimum wage increase.
 - b. In our example of 2022 in the "rest of state" region where the minimum wage was going to \$13.20, the rates of pay will all be below \$13.20. If not, then the person should not be included.
 - c. Using the 2023 minimum wage values, the rates of pay will all be below \$16.20 for home care workers in receipt of the \$2 home care minimum wage increase, and below \$14.20 for all other employees. If not, the person should not be included.
6. **Column L in the 2022 tab, and M in the 2023 tab** asks you to enter your fringe benefit %.
- a. You will calculate the fringe benefit % and enter it in row 38 only. The rest of the rows will automatically be populated.
 - b. Fringe benefit % is the total of all employer costs associated with your payroll as a % of your total payroll. It includes the cost of social security, Medicare, unemployment, worker comp., Health Insurance, dental, 401K, and others.
 - i. For purposes of this survey, PTO, Vacation, Sick, Holiday should not be included in your fringe calculation.
 - c. Once you have your total cost of the fringe benefits, divide by your total payroll for the year and you will get your % to enter. For many employers, it is typically in the range of 15 to 18%

Once you have entered the information in sections III and IV, the spreadsheet does the rest of the work for you. It calculates each employee's labor cost to meet the minimum wage, it adds the fringe benefit cost on and determines total cost per employee. Finally, it totals all of your Medicaid reimbursable costs, compares it to your census and computes the estimated Medicaid add on rate that you would need to cover your additional cost.

Submission of the Form

Once completed and saved, email the file and attestation form to: ALP-RATES@health.ny.gov

Important Contacts:

For questions about the excel survey, instructions, attestation or process send an email to ALP-RATES@health.ny.gov. Please type "Minimum Wage Survey question" in the subject line.