

PFF VERSION OF NURSING HOME MINIMUM WAGE SURVEY

Please be sure to select the appropriate geography (i.e., “Westchester/LI” or “Outside of NYC, LI, and Westchester”) when completing the on-line survey

<http://www.surveygizmo.com/s3/5980292/2021-MW-Nursing-Homes>

Minimum Wage Survey- Nursing Homes - 2021

Instructions

The NYS Department of Health is conducting the Minimum Wage Survey as a result of the Minimum Wage Act enacted by Legislature as per Article 19 of the New York State Labor Law.

Please read the Minimum Wage Survey instructions below as some providers are not required to complete the survey for Calendar Year (CY) 2021.

[2021 NH Minimum Wage Instructions](#)

Please enter your seven-digit Operating Certificate number into the textbox below. Please do not include the “N” at the end of the Opcert.

OPCERT

Your Operating Certificate number will be used to prepopulate lines 1 & 2 on the survey. Please **DO NOT** alter the prepopulated responses. If you believe the information provided on lines 1 & 2 of the survey is incorrect, please contact the Bureau of Residential Health Care Reimbursement Rate Setting.

Please send an email to the following email address and we will respond to your email within 2 business days.

nfrates@health.ny.gov

ATTESTATION:

Nursing Homes are required to submit an attestation validating the minimum wage data provided on the survey. A link to this attestation has been provided below. It is recommended that the nursing home's CFO/CEO review the minimum wage data and sign the attestation prior to entering the minimum wage data into the survey.

[Click here to access the Attestation](#)

Once the survey has been completed, please upload a copy of the signed attestation as part of the last question on the survey. Your survey will be deemed incomplete if the signed attestation document has not been included.

If you have any questions regarding this survey, please send an email to the following email address and your question will be addressed within 2 business days - nfrates@health.ny.gov

SAVING THE SURVEY:

Once you begin your survey you have the option to save and return to complete it at a later time. To save the survey click on the *Save and continue later* link found in the lower right-hand corner of the page. When using this option, you will be asked to provide an email address. Once you have confirmed your email address a notification will be sent containing a unique link to your survey in progress. In order to complete the survey, you **must** use the link provided within the notification.

Thank you in advance for your participation.

1. Please Verify your Facility Name *

2. Please Verify your Operating Certificate number. (If you have entered an incorrect opcert you will need to exit out of the survey and re-open to enter the correct opcert.) *

3. Is your facility opting out of completing the Minimum Wage Survey? *

Yes

No

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4. Please enter the TOTAL number of employees that worked during the week which included April 12, 2020 for your Facility, statewide. Report only for nursing home. Any additional programs/entities reported on the NYS-45 would be reported on their respective surveys.

*This question should be exact to the statewide (Nursing Home) total count as reported on the NYS-45. *

5. Do you have employees that work in Long Island and/or Westchester? *

6. Do you have employees that work in any other area of New York State outside of the five New York City counties, Long Island, and Westchester? *

Please complete this table for employees that work in all other areas of New York State outside of the five New York City counties, Long Island, and Westchester:

Please provide the TOTAL employees who worked during the week that included April 12, 2020, paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position. *

of Employed staff at each of the following hourly rates:

\$11.80 - \$11.99	<input type="text"/>
\$12.00 - \$12.25	<input type="text"/>
\$12.26 - \$12.49	<input type="text"/>
\$12.50 - \$12.75	<input type="text"/>
\$12.76 - \$12.99	<input type="text"/>
\$13.00 - \$13.24	<input type="text"/>
\$13.25 - \$13.49	<input type="text"/>
\$13.50 - \$13.74	<input type="text"/>
\$13.75 - \$ 13.99	<input type="text"/>
\$14.00 - \$14.24	<input type="text"/>
\$14.25 - \$14.49	<input type="text"/>
\$14.50 - \$14.74	<input type="text"/>
\$14.75 - \$14.99	<input type="text"/>

Please complete this table for employees that work in all other areas of New York State outside of the five New York City counties, Long Island, and Westchester:

During the period 4/1/20-6/30/20, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

*When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours *

of total hours Employees were paid:

\$11.80 - \$11.99	<input type="text"/>
\$12.00 - \$12.25	<input type="text"/>
\$12.26 - \$12.49	<input type="text"/>
\$12.50 - \$12.75	<input type="text"/>
\$12.76 - \$12.99	<input type="text"/>
\$13.00 - \$13.24	<input type="text"/>
\$13.25 - \$13.49	<input type="text"/>
\$13.50 - \$13.74	<input type="text"/>
\$13.75 - \$ 13.99	<input type="text"/>
\$14.00 - \$14.24	<input type="text"/>
\$14.25 - \$14.49	<input type="text"/>
\$14.50 - \$14.74	<input type="text"/>
\$14.75 - \$14.99	<input type="text"/>

Please answer for fringe benefits associated with employees that work in any other area in New York State outside of the five New York City counties, Long Island, and Westchester:

During the period 4/1/20-6/30/20, please calculate the percentage of wages currently spent on payroll taxes (for example, FICA), statutorily required benefits (for example, unemployment, disability, workers comp) and other benefits provided (for example, vacation days) that are paid as a percentage of wages or required to increase if wages go up. Do not include benefits that are not paid as a percentage of wages or required to increase if wages go up, (for example, most health benefits, public transportation, etc.) *

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10. **Please complete this table for the number of employed staff at each of the following Code Series:**

Please complete this table for the employed staff reported in the various wage bands (making less than \$15/hour) aggregating them into each of the following Code Series. Report the number of these employees based on those working during the week of April 12, 2020.

To complete the total employees by Code Series, you will need to identify the Nursing Home Personnel Function Title of each employee being paid less than \$15/hr. Each Nursing Home Personnel Function Title has been assigned a corresponding Code. **Employees cannot be counted in multiple Series. Please choose a Code Series that reflects the largest percentage of the Employee's job responsibilities.**

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff. **When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.**

[Click Here for Code Series *](#)

of Employees within each Title Code Series

100 Series	<input type="text"/>
200 Series	<input type="text"/>
300 Series	<input type="text"/>
400 Series	<input type="text"/>
500 Series	<input type="text"/>
600 Series	<input type="text"/>

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11. **Contact Information of the individual completing the survey:**

*

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	
Email Address *	
<input type="text"/>	
Phone Number *	
<input type="text"/>	

12. **ATTESTATION:**

I hereby attest that this survey was completed to the best of my knowledge and ability and is true and complete. I will provide any supporting documentation requested by the NYS Department of Health, the NYS Department of Labor, the NYS Office of the Medicaid Inspector General, and/or any other enforcement, audit, or oversight agency and/or body.

If you have not done so, please use the following link to access the attestation document:

[Click here to access Attestation](#)

Please have your agency's CEO or CFO sign off on this attestation document and attach it as a pdf file. The survey will not be complete until this attestation document has been provided.

Click on "browse" to attach the document. *

Browse...