Minimum Wage Survey- Nursing Home -Contracted Staff

Instructions

Login Type:

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 at: <u>nfrates@health.ny.gov</u>

Please enter your eight-digit OpCert number in the password textbox. If you receive an error message stating "I'm sorry that password is incorrect" please type "0000000N" into the password box and manually enter the Provider Name and OpCert on the next page.

*If you enter the incorrect opcert, you must exit the survey and re-enter.

(untitled)

The NYS Department of Health has conducted The Minimum Wage Survey as a result of The Minimum Wage Act recently enacted by the Legislature as per Article 19 of the New York State Labor Law. This survey will help DOH to determine the Medicaid financial impact of this new legislation for CY 2018 (and forward).

We became aware after the completion of the Minimum Wage Survey that Facilities were not including contracted staff in their employee counts as well as total hour counts.

It is not our intention to include contracted services in reimbursement so the need to administer a supplemental survey is essential to make a distinction between direct contract staff and staff working in contracted services.

This is a supplemental survey to collect information regarding contracted staff employed by your facility.

Contracted staff are defined as individuals who are delivering direct care services under the direction and supervision of your facility, who are employed through a staffing contract, as opposed to being directly employed by your agency/facility. Payment of these staffing services would be at an hourly wage, or per diem, and should not be confused with general service contracts where by external entities are contracted for ancillary deliverables (e.g. housekeeping, food services, transportation).

For future reconciliation and/or external audits, the additional contracted hours your facility is paid will be supported by payroll records. Contracted hours are limited to those where you can produce payroll records in order to support additional reimbursement for future reconciliation of how minimum wage funds were spent, and/or for an external auditor. Use of Temp Agency contract staff to cover vacant staff positions should be addressed as vacancies in the survey.

Please include in the count of hours all <u>direct contract</u> staff for which your agency can produce a payroll record. Please <u>**DO NOT**</u> include staff working in contracted services. Examples of contracted services would be cleaning, food, etc.

If on your previous survey your Facility included contracted staff in the hours reported, please do not include them in this supplemental survey.

When providing the number of contracted by region, by band, please only count the contracted staff once. Do not count contracted staff multiple times in multiple regions.

ATTESTATION:

Facilities 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 Facility'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 form

Once the survey has been completed, please upload a copy of the signed attestation as part of the last question on the survey. The attestation form should be printed, signed and then scanned to be uploaded. Your survey will be deemed incomplete if the signed attestation document has not been included.

CONFIRMATION OF SURVEY COMPLETION:

You will receive a completion notice via email at the end of this survey. The email will be automatically sent to the email address provided in the contact information section. Please be advised that this is the only confirmation notice that you will receive.

If you have any questions regarding this survey, please send an email to the following email address and your question will be answered promptly:

nfrates@health.ny.gov

Thank you in advance for your participation.

- 1. Please Verify your Facility Name.*
- 2. Please Verify your Operating Certificate number.

If you enter the incorrect opcert, you must exit the survey and re-enter. *

LOGIC Show/hide trigger exists.

- 3. Is your facility opting out of completing the Minimum Wage Contracted Staff Survey? *
 - O Yes
 - O No

4. If you are NOT completing the survey choose a reason below.

We included Contracted Staff on our survey response

(untitled)

Line of Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Contracted Staff Survey?" is one of the following answers ("No")

5. Please enter the TOTAL number of contracted staff that worked during the week which included April 12, 2017 for your Facility, statewide.

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

Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Contracted Staff Survey?" is one of the following answers ("No")

6. Please enter the TOTAL number of direct contracted staff that worked during the week which included April 12, 2017 for your Facility, statewide.

Direct contract staff should include any staff that your agency can produce a payroll record for. Examples of direct contracted staff can be direct care and clinical care staff. *



Loce Show/hide trigger exists. Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Contracted Staff Survey?" is one of the following answers ("No")

7. Do you have direct contract staff that work in the five counties of New York City?

As a reference, the five counties of New York City include New York, Kings, Queens, Richmond, and The Bronx. *



VALIDATION Must be numeric **Min. answers = 1** (*if answered*)

IDGE Hidden unless: #7 Question "Do you have direct contract staff that work in the five counties of New York City?

As a reference, the five counties of New York City include New York, Kings, Queens, Richmond, and The Bronx." is one of the following answers ("Yes")

8. Please complete this table for direct contract staff that work in the five counties of New York City:

Please provide the TOTAL direct contract staff who worked during the week that included **April 12, 2017**, paid at each of the following hourly wage bands.

Direct Contract Staff should include direct full and part time contracted staff that your Facility can produce a payroll record for, 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. *

\$10.50 - \$10.74 \$10.75 - \$10.99 \$11.00 - \$11.24 \$11.25 - \$11.49 \$11.50 - \$11.74 \$11.75 - \$11.99 \$12.00 - \$12.24 \$12.25 - \$12.49 \$12.50 - \$12.74 \$12.75 - \$12.99 \$13.00 - \$13.24 \$13.25 - \$13.49 \$13.50 - \$13.74 \$13.75 - \$ 13.99 \$14.00 - \$14.24 \$14.25 - \$14.49 \$14.50 - \$14.74 \$14.75 - \$14.99

of contract staff at each of the following rates :

VALIDATION Must be numeric Min. answers = 1 (if answered)

Hidden unless: #7 Question "Do you have direct contract staff that work in the five counties of New York City?

As a reference, the five counties of New York City include New York, Kings, Queens, Richmond, and The Bronx." is one of the following answers ("Yes")

9. <u>Please complete this table for direct contract staff that work in the five counties of New York City:</u> **During the period 4/1/17-6/30/17**, please provide the total hours that direct Contracted Staff were paid at each of the following hourly wage bands.

Direct Contracted Staff should include direct full and part time contracted staff the Facility can produce a payroll record for, 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 Hours that contract staff were paid :

\$10.50 - \$10.74	
\$10.75 - \$10.99	
\$11.00 - \$11.24	
\$11.25 - \$11.49	
\$11.50 - \$11.74	
\$11.75 - \$11.99	
\$12.00 - \$12.24	
\$12.25 - \$12.49	
\$12.50 - \$12.74	
\$12.75 - \$12.99	
\$13.00 - \$13.24	
\$13.25 - \$13.49	
\$13.50 - \$13.74	
\$13.75 - \$ 13.99	
\$14.00 - \$14.24	
\$14.25 - \$14.49	
\$14.50 - \$14.74	
\$14.75 - \$14.99	

VALIDATION Must be percentage

Hidden unless: #7 Question "Do you have direct contract staff that work in the five counties of New York City?

As a reference, the five counties of New York City include New York, Kings, Queens, Richmond, and The Bronx." is one of the following answers ("Yes")

10. Please answer for fringe benefits associated with contracted staff that work in the five counties of New York <u>City:</u>

During the period 4/1/17-6/30/17, 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.) *

)

Loce Show/hide trigger exists. Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Contracted Staff Survey?" is one of the following answers ("No")

11. Do you have any direct contract staff that work in Long Island and/or Westchester? *

Yes	
No	

VALIDATION Must be numeric **Min. answers = 1** (if answered)

LOGIC Hidden unless: #11 Question "Do you have any direct contract staff that work in Long Island and/or Westchester?" is one of the following answers ("Yes")

12. Please complete this table for direct contract staff that work in Long Island and/or Westchester:

Please provide the TOTAL direct contract staff who worked during the week that included **April 12, 2017,** paid at each of the following hourly wage bands.

Direct Contract Staff should include direct full and part time contracted staff that your Facility can produce a payroll record for, 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. *

\$10.00 - \$10.24	
\$10.25 - \$10.49	
\$10.50 - \$10.74	
\$10.75 - \$10.99	
\$11.00 - \$11.24	

of contract staff at each of the following rates:

\$11.25 - \$11.49	
\$11.50 - \$11.74	
\$11.75 - \$11.99	
\$12.00 - \$12.24	
\$12.25 - \$12.49	
\$12.50 - \$12.74	
\$12.75 - \$12.99	
\$13.00 - \$13.24	
\$13.25 - \$13.49	
\$13.50 - \$13.74	
\$13.75 - \$ 13.99	
\$14.00 - \$14.24	
\$14.25 - \$14.49	
\$14.50 - \$14.74	
\$14.75 - \$14.99	

VALIDATION Must be numeric **Min. answers = 1** (*if answered*)

LOGIC Hidden unless: #11 Question "Do you have any direct contract staff that work in Long Island and/or Westchester?" is one of the following answers ("Yes")

13. Please complete this table for direct contract staff that work in Long Island and/or Westchester:

During the period 4/1/17-6/30/17, please provide the total hours that direct Contracted Staff were paid at each of the following hourly wage bands.

Direct Contracted Staff should include direct full and part time contracted staff the Facility can produce a payroll record

for, 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 *

\$10.00 - \$10.24	
\$10.25 - \$10.49	
\$10.50 - \$10.74	
\$10.75 - \$10.99	
\$11.00 - \$11.24	
\$11.25 - \$11.49	
\$11.50 - \$11.74	
\$11.75 - \$11.99	
\$12.00 - \$12.24	
\$12.25 - \$12.49	
\$12.50 - \$12.74	
\$12.75 - \$12.99	
\$13.00 - \$13.24	
\$13.25 - \$13.49	
\$13.50 - \$13.74	

of Hours that contract staff were paid:

\$13.75 - \$ 13.99	
\$14.00 - \$14.24	
\$14.25 - \$14.49	
\$14.50 - \$14.74	
\$14.75 - \$14.99	

VALIDATION Must be percentage

Hidden unless: #11 Question "Do you have any direct contract staff that work in Long Island and/or Westchester?" is one of the following answers ("Yes")

14. Please answer for fringe benefits associated with contracted staff that work in Long Island and/or Westchester:

During the period 4/1/17-6/30/17, 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.) *



LOCC Show/hide trigger exists. Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Contracted Staff Survey?" is one of the following answers ("No")

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



VALIDATION Must be numeric **Min. answers = 1** (if answered)

Hidden unless: #15 Question "Do you have Direct Contract Staff that work in any other area of New York State outside of the five New York City counties, Long Island, and Westchester?" is one of the following answers ("Yes")

16. <u>Please complete this table for direct contract staff that work in all other areas of New York State outside</u> of the five New York City counties, Long Island, and Westchester:

Please provide the TOTAL direct contract staff who worked during the week that included **April 12, 2017**, paid at each of the following hourly wage bands.

Direct Contract Staff should include direct full and part time contracted staff that your Facility can produce a payroll record for, 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 contract staff at each of the following hourly rates:

\$9.70 - \$9.99	
\$10.00 - \$10.25	
\$10.26 - \$10.39	
\$10.40 - \$10.49	
\$10.50 - \$10.75	
\$10.76 - \$10.99	
\$11.00 - \$11.09	
\$11.10 - \$11.25	
\$11.26 - \$11.50	
\$11.51 - \$11.79	
\$11.80 - \$11.99	
\$12.00 - \$12.25	
\$12.26 - \$12.49	
\$12.50 - \$12.75	
\$12.76 - \$12.99	
\$13.00 - \$13.24	
\$13.25 - \$13.49	
\$13.50 - \$13.74	
\$13 75 - \$ 13 99	

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\$14.00 - \$14.24	
\$14.25 - \$14.49	
\$14.50 - \$14.74	
\$14.75 - \$14.99	

VALIDATION Must be numeric **Min. answers = 1** (*if answered*)

Lices Hidden unless: #15 Question "Do you have Direct Contract Staff that work in any other area of New York State outside of the five New York City counties, Long Island, and Westchester?" is one of the following answers ("Yes")

17. <u>Please complete this table for direct Contracted staff that work in all other areas of New York State outside</u> of the five New York City counties, Long Island, and Westchester:

During the period 4/1/17-6/30/17, please provide the total hours that direct Contracted Staff were paid at each of the following hourly wage bands.

Direct Contracted Staff should include direct full and part time contracted staff the Facility can produce a payroll record for, 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 nours that contract staff were paid
\$9.70 - \$9.99	
\$10.00 - \$10.25	
\$10.26 - \$10.39	
\$10.40 - \$10.49	
\$10.50 - \$10.75	
\$10.76 - \$10.99	
\$11.00 - \$11.09	

\$11.10 - \$11.25	
\$11.26 - \$11.50	
\$11.51 - \$11.79	
\$11.80 - \$11.99	
\$12.00 - \$12.25	
\$12.26 - \$12.49	
\$12.50 - \$12.75	
\$12.76 - \$12.99	
\$13.00 - \$13.24	
\$13.25 - \$13.49	
\$13.50 - \$13.74	
\$13.75 - \$ 13.99	
\$14.00 - \$14.24	
\$14.25 - \$14.49	
\$14.50 - \$14.74	
\$14.75 - \$14.99	

VALIDATION Must be percentage

LOGIC Hidden unless: #15 Question "Do you have Direct Contract Staff that work in any other area of New York State outside of the five New York City counties, Long Island, and Westchester?" is one of the following answers ("Yes")

18. <u>Please answer for fringe benefits associated with contracted staff that work in any other area in New York</u> <u>State outside of the five New York City counties, Long Island, and Westchester:</u>

During the period 4/1/17-6/30/17, 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.) *

(untitled)

19. Contact Information of the individual completing the survey:

First Name *	Last Name *
Title	
Email Address *	
Phone Number *	

VALIDATION Accepts 1 file. Allowed types: png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 1 MB

20. 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.

Please use the following link to access the attestation document:

//surveygizmolibrary.s3.amazonaws.com/library/499972/Attestation.pdf

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...

THANK YOU!

Congratulations! You have completed the Minimum Wage Survey! Your participation is greatly appreciated. You will receive a completion confirmation via email shortly. Thank you!

Confirmation Email **To:** [question("value"), id="43"] **From:** SurveyGizmo (noreply@surveygizmo.com) **Subject:** Minimum Wage Survey - Nursing Home

Action: URL Redirect URL Redirect