

## **SCREEN SHOTS OF STAFFING PENALTY REDUCTION APPLICATION SCHEDULES (Updated for 2022 Q3 Cycle)**

<https://apps.health.ny.gov/pubpal/builder/survey/nysnhms-penaltyreductionrequest>

The screenshot shows a web browser window with the URL <https://apps.health.ny.gov/pubpal/builder/survey/nysnhms-penaltyreductionrequest>. The browser's address bar and tabs are visible at the top. The main content area displays the title "NYS Nursing Home Minimum Staffing Penalty Reduction Application". Below the title is a progress bar with six steps: 1. Identifying Information, 2. Schedule A, 3. Schedule B, 4. Schedule C, 5. Attestation, and 6. Complete. Step 1 is currently selected. Below the progress bar, the text "10 NYCRR Section 415.13" is followed by a paragraph: "415.13 (f)(2)(ii) -- The Department may reduce penalties in a quarter that a facility is non-compliant, if the Department determines, in its sole discretion, that any of the following mitigating circumstances existed during the period of non-compliance." The form contains several input fields: "Facility ID\*", "Facility Name\*", "Medicare Provider ID\*", "Street Address\*", "City\*", "Zip Code\*", and "Compliance Year + Quarter\*" (with a placeholder "YYYY-Q#"). A note "Please doublecheck Compliance Year and Quarter." is positioned above the "Compliance Year + Quarter\*" field. At the bottom of the form is a "Next Page >" button. The Windows taskbar is visible at the very bottom of the screen, showing the date and time as 12:51 PM on 1/16/2024.

**NYS Nursing Home Minimum Staffing Penalty Reduction Application**

1 2 3 4 5 6  
Identifying Information Schedule A Schedule B Schedule C Attestation Complete

10 NYCRR Section 415.13

415.13 (f)(2)(ii) -- The Department may reduce penalties in a quarter that a facility is non-compliant, if the Department determines, in its sole discretion, that any of the following mitigating circumstances existed during the period of non-compliance.

Facility ID\* Facility Name\* Medicare Provider ID\*

Street Address\* City\* Zip Code\*

Compliance Year + Quarter\* Please doublecheck Compliance Year and Quarter.

YYYY-Q#

Please enter the year and quarter in YYYY-Q format.

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#### Schedule A


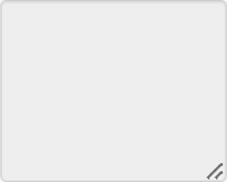

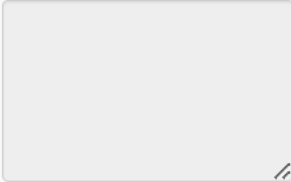




**Did the facility experience a natural disaster, national emergency, state or municipal emergency or catastrophic event that caused physical damage to the facility or impair the ability of facility personnel to access the facility?\***

- ☐ Yes
- ☐ No

Extraordinary Circumstances (Complete if above answer is "Yes")

**Provide the following in the corresponding area provided:**

- Short description of the event or, if you are aware, the FEMA designations (e.g., "New York Remnants of Hurricane Ida 4615-DR-NY" which impacted the New York City area from 9/1/21 – 9/3/21)
- Date(s) that the facility was impacted by this event
- Under the appropriate title, the number of employees impacted by the event

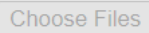
	Short Description of the Event	Date(s) of the Event	Dates the Facility/Employees were Impacted	Number RN's Impacted	Number LPN's Impacted	Number CNA's & NA's Impacted
						
						 Remove item 1

Add

Attach the following:

1. A copy of the facility's pandemic emergency plan or provide a direct link to the public posting of the plan.
2. A copy of the facility's plan for internal or external emergencies resulting from natural or man-made causes as set forth in Section 415.26(f)(1) of Title 10 NYCRR.
3. A document discussing how the event impacted the facility, how the emergency plan was implemented, if at all, and why the plan did not prevent the facility from failing to meet minimum standards.

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### Schedule B

**Has the New York State Health Commissioner determined that there was an acute labor supply shortage of nurse aides, certified nurse aides, licensed practical nurses, or registered nurses in the Metropolitan or Nonmetropolitan area in which the facility is located?\***

- ☐ Yes
- ☐ No

### Resident Health and Safety

Pursuant to 415.13 (f)(2)(ii)(b)(3) an acute labor supply shortage shall not serve as a mitigating factor unless the facility has demonstrated, to the satisfaction of the Department, that it has taken steps over the course of the quarter to ensure resident health and safety notwithstanding any labor supply shortage.

Please attach a narrative outlining the steps the facility took, beyond recruitment, to ensure the health and safety of the resident population during the period of non-compliance and labor supply shortage. Include strategic measures employed by the facility to avoid or prevent each of the following:

- Adverse medication events
- Adverse safety events (such as patient falls)
- Adverse patient observation events (such as bed sores or infections)
- Other adverse clinically significant urgent or emergent matters (such as an avoidable hospitalization)

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## Reasonable Attempts

Pursuant to 415.13 (f)(2)(ii)(b)(2), an acute labor supply shortage shall not serve as a mitigating factor unless the facility has demonstrated, to the satisfaction of the Department, that they have made reasonable attempts to procure sufficient staffing during the period of non-compliance, notwithstanding the acute labor supply shortage.

The following section provides 3 defined categories of staffing efforts that contain distinct reasonable attempts, and an undefined category for the facility to provide other staffing efforts they may have engaged in during the period of noncompliance.

Please follow the General Guidelines below for completing the Reasonable Attempts Section:

1. Carefully read and follow the instructions provided for each category.
  2. Select only the number of reasonable attempts instructed for each category, ensuring that you can provide the requested information and documentation to sufficiently demonstrate the reasonable attempt.
  3. When selecting reasonable attempts **within a defined category**, if the facility engaged in attempts not listed, select the reasonable attempt listed as “Other” **within that category**.
  4. For each reasonable attempt selected:
    - Ensure you select the applicable titles. Under RN, LPN, and CNA/NA check the appropriate box(es). It is not necessary to submit reasonable attempts for titles for which the facility was in compliance in the quarter.
    - Provide all information and documentation requested, and restrict your submission to what is requested.
    - Submit only documents for reasonable attempts pursued during the period of non-compliance.
    - Ensure documentation contains sufficient information to support the claim, and is legible.
    - Ensure submitted contracts are fully executed
    - Attach the requested documentation in the provided section following the categories and for the corresponding reasonable attempt.
  5. If the facility engaged in **reasonable attempts that do not fall into one of defined categories**, complete the **section that follows these categories and is labeled “Other”**.
  6. Contact the Department at [NHSafeStaffing@health.ny.gov](mailto:NHSafeStaffing@health.ny.gov) if you have questions
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## 1. Job Enhancements for Prospective Employees

Please select and submit one of the reasonable attempts listed below that the facility engaged in during the quarter.

To preview a description of each reasonable attempt and the required support, select the adjacent radio button.

- ☐ Base Salary Increase and/or Benefits Increase (Prospective Employees)
- ☐ Cash Bonuses (Prospective Employees)
- ☐ Relocation Assistance
- ☐ Sponsoring International Candidates
- ☐ Other Job Enhancement for Prospective Employees Efforts
- ☐ Not Applicable

Job Enhancements for Prospective Employees					
Type	Date	Narrative	RN	LPN	CNA/NA

## 2. Recruitment Efforts

Please select and submit one of the reasonable attempts listed below that the facility engaged in during the quarter.

To preview a description of each reasonable attempt and the required support, select the adjacent radio button.

- ☐ New Agency Contract/Recruiters
- ☐ Job Fairs or Hiring Events
- ☐ Multimedia or Print Advertising
- ☐ Online Job Advertisements (External)
- ☐ Partnership (Education Institutions)
- ☐ Partnership (Other Healthcare Facility)
- ☐ Other Recruitment Efforts
- ☐ Not Applicable

Recruitment Efforts					
Type	Date	Narrative	RN	LPN	CNA/NA

### 3. Enhanced Productivity of Current Staff

Please select and submit one of the reasonable attempts listed below that the facility engaged in during the quarter.

To preview a description of each reasonable attempt and the required support, select the adjacent radio button.

- ☐ Transportation Assistance
- ☐ Increased Pay - Base Salary or Shift Differentials
- ☐ Upskilling
- ☐ Other Enhanced Productivity for Current Staff Efforts
- ☐ Not Applicable

Enhanced Productivity of Current Staff					
Type	Date	Narrative	RN	LPN	CNA/NA

### 4. Other Reasonable Attempts (Not Defined Category)

Please submit no more than three staffing attempts for this undefined category.

To preview a description of the required information and support for such attempts, select the adjacent radio buttons.

- ☐ Other Reasonable Attempts (Not Defined Category)
- ☐ Not Applicable

Other Reasonable Attempts (Not Defined Category)					
Type	Date	Narrative	RN	LPN	CNA/NA

## Schedule C

If a verifiable union dispute between the facility and nurse aides, certified nurse aides, licensed practical nurses, or registered nurses employed or contracted by the facility contributed to the facility's failure to meet minimum staffing requirements, the Department could consider this dispute as a mitigating factor. For the Department to make this determination, please select 'Yes' below and provide the information requested★

- ☐ Yes  
☐ No

## Union Dispute (If Yes selected above)

### Union Dispute

Start Date [Required]	End Date (If applicable)	Titles of employees impacted [Required]	Name of the union [Required]	Current Disposition (if ongoing)
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<div><div></div></div>	<input type="text"/>	<div><div></div></div>
<div><div></div><div>Remove item 1</div></div>				

Add

Please attach a copy of the facility's Strike Plan

No file chosen

[? Upload requirements](#)

Please attach a copy of the official written notification from the union, i.e., Strike Notice

No file chosen

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## NYS Nursing Home Minimum Staffing Penalty Reduction Application



☐ \* As the Operator of the facility named in this request application, or as authorized to submit this request on the Operator's behalf, I attest that all of the information on the form has been reviewed to ensure its accuracy. If I am submitting on behalf of the Operator, the Operator has reviewed and approved all the information submitted in this request application.

Name\*

Title\*

E-mail Address\*

Phone Number\*

☐ Additional Point of Contact (if applicable)

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Submit

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1/16/2024