

Back to Build  
BUILD STYLE

Preview Settings Desktop View

TEST SHARE RESULTS TOOLS

Ignore Page Logic Fire Actions Record Response View Comments



# ALP Minimum Wage Reconciliation 2017-2020 v1.1

## Instructions

Your Provider ID number will be used to prepopulate lines 1 & 2 on the survey. Please **DO NOT** alter the pre-populated 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:

[ALP-Rates@health.ny.gov](mailto:ALP-Rates@health.ny.gov)

If you receive an error message stating "I'm sorry that password is incorrect" please type "0000000" into the password box and manually enter the Facility Name and Provider ID number on the next page.

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

Next

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Add New: Question Text/Media Action

Add Page Insert Library Item Skip/Disqualify Logic Merge Pages

### Page 2: Instructions ID: 10

Preview Edit Add Delete

The NYS Department of Health is conducting this reconciliation survey to ensure appropriate reimbursement of Medicaid expenses related to the Minimum Wage Act legislation (Article 19 of the New York State Labor Law). This survey will help DOH to determine the actual Medicaid financial impact of the legislation for calendar years 2017-2020 and allow for the appropriate reimbursement of the expense.

Failure to complete this survey may result in no additional reimbursement- however, should a facility have no employees with remuneration less than the minimum wage, an opt-out choice is available.

IMPORTANT REPORTING INFORMATION:

**When completing the survey please keep in mind that this survey is a tool to capture actual spending involved with a provider's expense to adhere to the Minimum Wage Law. As such, expenses related to wage compression are not allowed nor are retroactive capture of prior increases.**

For any Assisted Living Program (ALP) which is part of a larger Assisted Care Facility (ACF) that includes non-ALP residents or services, the ALP should use the proportion of its ALP beds to its total beds to report expenses.

For instance, for an employee who worked 500 hours for the period January 1 - December 30, 20XX for a 100-bed facility with 40

# Preview / Test Mode

ALP beds and 60 ACF beds:

40 (ALP beds) / 100 (total beds) = 40%  
◀ Back to Build Preview Settings Desktop View

\$10,000 x 40% = \$4,000 reported for the ALP as part of this reconciliation

**This process is to be followed for ALL employees and contract staff which are shared between the ALP and ACF.**

When completing the survey questions related to ALP contract staff report only the use of contract staff to fill in regular full time positions in the ALP. Do NOT report on staff that work for any CHHA that the ALP has a contract with, or their hours, in this survey.

### ATTESTATION:

ALPs 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 ALP'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:

**ALP-Rates@health.ny.gov**

Thank you in advance for your participation.

ID: 48  
Type: Text / Instructions

### 1. Please Verify your Facility Name. **\*This question is required.**



ID: 308  
Type: Textbox  
Required

### 2. Please Verify your Provider ID number.

**\*If you enter the incorrect Provider ID, you must exit the survey and re-enter. \*This question is required.**



ID: 313  
Type: Textbox  
Required

### 3. Is your facility opting out of completing the Minimum Wage Survey? **\*This question is required.**

- Yes
- No

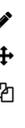


ID: 752  
Type: Radio Buttons  
Required

This question has display logic

View Conditions

4. If you answered "No" to questions 3 and your facility is NOT completing the survey choose a reason below



Preview / Test Mode

Back to Build

Preview Settings Desktop View

If you answered 'Yes' to question 3, please skip this question.

- We are not impacted by the minimum wage increase at this time
- Other- Reason for opt-out (Please specify)

Please enter an 'other' value for this selection.

ID: 569  
Type: Checkboxes

Add New: Question Text/Media Action

Add Page Insert Library Item Skip/Disqualify Logic Merge Pages

Page 3: Information ID: 7

Preview

5. Please enter the total annual amount spent (including fringes) on MNIMUM WAGE INCREASES (do not include wage compression)

Average Wages should be the average HOURLY wage for Employees for which you are requesting minimum wage funding.

Amount Spent should be the FULL ANNUAL amount spent for those Employees for which you are requesting minimum wage funding.

Number of Employees should be the number of Employees for which you are requesting minimum wage funding.

Number of Hours should be the number of hours the above-mentioned employees worked during the full year.

For your information: a copy of the Minimum Wage Table is included:

Minimum Wage (MW) Region	12/31/2016	12/31/2017	12/31/2018	12/31/2019	12/31/2020	12/31/2021
New York City (Large Employers)	\$11.00	\$13.00	\$15.00	\$15.00	\$15.00	\$15.00
New York City (Small employers)	\$10.50	\$12.00	\$13.50	\$15.00	\$15.00	\$15.00
Nassau, Suffolk, & Westchester counties	\$10.00	\$11.00	\$12.00	\$13.00	\$14.00	\$15.00
Remainder of the State	\$9.70	\$10.40	\$11.10	\$11.80	\$12.50	\$12.50

Space Cell	Average Wage	Fringe Benefit Percentage	Amount Spent	Number Of Employees	Number of Hours
2016	2016: Average Wage	2016: Fringe Benefit Percentage	2016: Amount Spent	2016: Number Of Employees	2016: Number of Hours
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2017	2017: Average Wage	2017: Fringe Benefit Percentage	2017: Amount Spent	2017: Number Of Employees	2017: Number of Hours
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2018	2018: Average Wage	2018: Fringe Benefit Percentage	2018: Amount Spent	2018: Number Of Employees	2018: Number of Hours
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2019	2019: Average Wage	2019: Fringe Benefit Percentage	2019: Amount Spent	2019: Number Of Employees	2019: Number of Hours
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID: 825  
Type: Textbox Grid

Add New: Question Text/Media Action

Back to Build

Preview Settings

Desktop View

# Page 4: Add Page Title ID: 8

Ignore Page Logic File Actions Record Response View Comments

Preview Edit Add Copy Delete

This question has answer validation

View Conditions Edit

## 6. 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. **\*This question is required.**

Browse...

ID: 54  
Type: File Upload  
Required

Add New: Question Text/Media Action

# Thank You Page: THANK YOU! ID: 2

Preview Edit

Responses are marked as complete when they reach this page (The survey will end on this page)

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

ID: 1  
Type: Text / Instructions

## Send Email Action

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

ID: 3  
Type: Send Email

## URL Redirect Action

URL Redirect  
Redirect: http://www.health.ny.gov/

ID: 4  
Type: URL Redirect

# Preview / Test Mode

Getting Started Guide



Survey Actions let you do all kinds of things with your survey or data - send a thank you email, push data to salesforce, run custom code, and more.

Build your own Action, or use one of these to get started:

[Back to Build](#)

[Preview Settings](#)

[Desktop View](#)

- Send Message
- Ignore Page Logic
- Fire Action
- Record Response
- View Comments

Add New: Text/Media Action

[1](#) [2](#) [3](#) [4](#) [5](#)

Show 5 pages at a time