

Minimum Wage Survey- Nursing Home - 2019

Instructions

Login Type:

316

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: nfrates@health.ny.gov

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 "000000N" 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)

48

The NYS Department of Health is conducting 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).

INSTRUCTIONS:

Hospital Based Nursing homes are required to submit a separate survey for both the nursing home and the sponsoring hospital

Please include all direct contract* staff in the total number of employed staff for which your agency can produce a payroll record. Please DO NOT include staff working in contracted services. Examples of contracted services would be cleaning, food, etc,..

- *Direct 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 direct contracted hours your facility is paid will be supported by payroll records. Direct 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.

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

Failure to complete this survey will result in default to an average wage calculation from data reported in the facility's 2016 cost report, and as such, 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.

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.

308

1. Please Verify your Facility Name. *

313

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.

ID 571

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

Yes

No

LOGIC Hidden unless: #3 Question "Is your facility opting out of completing the Minimum Wage Survey?" is one of the following answers ("Yes")

ID 753

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

We are not impacted by the minimum wage increase at this time

Other - Reason for opt-out (Please specify)

(untitled)

ID 812

5. Please enter the TOTAL number of employees that worked during the week which included April 11, 2018 for your Facility, statewide.

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

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

ID 5

6. Do you have employees 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)

LOGIC Hidden unless: #6 Question "Do you have employees 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")

ID 494

7. Please complete this table for employees that work in the five counties of New York City:

Please provide the TOTAL employees who worked during the week that included **April 11, 2018**, paid at each of the following hourly wage bands.

Employed Staff should include direct contracted staff, 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 Employees at each of the following rates :

| | |
|--------------------|----------------------|
| \$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"/> |

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

LOGIC Hidden unless: #6 Question "Do you have employees 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")

ID 6

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

During the period 4/1/18-6/30/18, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct contracted staff, 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 Hours that Employed Staff were paid :

| | |
|--------------------|----------------------|
| \$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"/> |

VALIDATION Must be percentage

LOGIC Hidden unless: #6 Question "Do you have employees 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")

ID 110

9. Please answer for fringe benefits associated with employees that work in the five counties of New York City:

During the period 4/1/18-6/30/18, 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.) *

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

ID 55

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

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

LOGIC Hidden unless: #10 Question "Do you have employees that work in Long Island and/or Westchester?" is one of the following answers ("Yes")

ID 519

11. **Please complete this table for employees that work in Long Island and/or Westchester:**

Please provide the TOTAL employees who worked during the week that included **April 11, 2018** paid at each of the following hourly wage bands

Employed Staff should include direct contracted staff, 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 Employees at each of the following rates:

\$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 numeric **Min. answers = 1** (if answered)

LOGIC Hidden unless: #10 Question "Do you have employees that work in Long Island and/or Westchester?" is one of the following answers ("Yes")

12. **Please complete this table for employees that work in Long Island and/or Westchester:**

During the period 4/1/18-6/30/18, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct contracted staff, 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 Hours that Employed Staff were paid:

| | |
|--------------------|----------------------|
| \$11.00-\$11.24 | <input type="text"/> |
| \$11.25 - \$11.49 | <input type="text"/> |
| \$11.50 - \$11.74 | <input type="text"/> |
| \$11.75 - \$11.99 | <input type="text"/> |
| \$12.00 - \$12.24 | <input type="text"/> |
| \$12.25 - \$12.49 | <input type="text"/> |
| \$12.50 - \$12.74 | <input type="text"/> |
| \$12.75 - \$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"/> |

VALIDATION Must be percentage

LOGIC Hidden unless: #10 Question "Do you have employees that work in Long Island and/or Westchester?" is one of the following answers

("Yes")

ID 111

13. **Please answer for fringe benefits associated with employees that work in Long Island and/or Westchester:**

During the period 4/1/18-6/30/18, 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.) *

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

ID 81

14. 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? *

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

LOGIC Hidden unless: #14 Question "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?" is one of the following answers ("Yes")

ID 82

15. **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 11, 2018**, paid at each of the following hourly wage bands.

Employed Staff should include direct contracted staff, 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 Employees at each of the following hourly rates:

| | |
|--------------------|----------------------|
| \$10.40 - \$10.49 | <input type="text"/> |
| \$10.50 - \$10.75 | <input type="text"/> |
| \$10.76 - \$10.99 | <input type="text"/> |
| \$11.00 - \$11.09 | <input type="text"/> |
| \$11.10 - \$11.25 | <input type="text"/> |
| \$11.26 - \$11.50 | <input type="text"/> |
| \$11.51 - \$11.79 | <input type="text"/> |
| \$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"/> |

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

LOGIC Hidden unless: #14 Question "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?" is one of the following answers ("Yes")

ID 572

16. **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 4/1/18-6/30/18, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct contracted staff, 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, overtime, or any potential non-recurring payments 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 Employed Staff were paid

| | |
|--------------------|----------------------|
| \$10.40 - \$10.49 | <input type="text"/> |
| \$10.50 - \$10.75 | <input type="text"/> |
| \$10.76 - \$10.99 | <input type="text"/> |
| \$11.00 - \$11.09 | <input type="text"/> |
| \$11.10 - \$11.25 | <input type="text"/> |
| \$11.26 - \$11.50 | <input type="text"/> |
| \$11.51 - \$11.79 | <input type="text"/> |
| \$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"/> |

VALIDATION Must be percentage

LOGIC Hidden unless: #14 Question "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?" is one of the following answers ("Yes")

17. 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 4/1/18-6/30/18, 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)

VALIDATION Min. answers = 1 (if answered)

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

ID 789

18. 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 11, 2018

To complete the total employees by Code Series, you will need to identify the Position Title of each employee being paid less than \$15/hr. Each Position 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 contracted staff, 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.

Please use the following link to access the Position Title/Code Series for reference:

[Click Here for Position Title Code Series *](#)

of Employees within each Position 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"/> |

(untitled)

ID 32

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

ID 54

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](https://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...

Action: Review

New Review

THANK YOU!

ID 1

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