Home Health Care Aide Wage Increase Survey
October 2022

Instructions for completion

Attached is the 2022 ALP Home Care Aide Wage Increase Template and Attestation.

1. The completed template and signed attestation are due close of business on October 14, 2022.
2. The attachment should be saved to your computer before entering data. Please use the following format to name your file:
    a. "Facility name" "2022 ALP Home Care Aide Wage Increase"
3. Once completed and saved, email the file to: Alp-rates@health.ny.gov
4. Please make every effort to carefully follow the directions and complete using the provided guidelines.
    a. Questions can be sent to Tim Fischer - Alp-rates@health.ny.gov
5. In addition to this spreadsheet, please also complete the attached attestation document. You will need to print it, have it signed by an authorized person representing your facility, attesting to the accuracy of the data, and return it to DOH.
6. Facilities can opt out of the survey **ONLY** if the total hours of home health aides working in 2021 is equal to zero. IF you choose to OPT OUT, we ask that you still complete section I and II and return the file. It is important that we know who has opted out.

The spreadsheet contains formulas that will perform all necessary calculations. The grayed-out cells contain the formulas and cannot be changed.

SECTION I: GENERAL INFORMATION

1. All facilities must complete this section even if you are opting out of the survey.
    a. Line 7- please enter your facility name exactly as it appears on your operating certificate
    b. Line 8- Please enter the Medicaid provider id# associated with your ALP.
    c. Line 10- Contact person name and e-mail: Please fill in so that DOH can follow up if necessary.

SECTION II: OPTING OUT

1. All facilities must complete this section even if you are opting out of the survey.
   Again – ONLY FACILITIES with ZERO HOURS of HOME HEALTH AIDES should opt-out.
    a. **Line 15 Do you choose to opt out?** Please be careful and choose yes from the drop-down list ONLY if you are opting out. Choose NO if you plan on completing the survey.
    b. **Line 16 Reason:** If you choose YES in line 15, please click on the drop-down and choose one of the reasons. If you are not opting out, please select "N/A"

SECTION III: DETERMINING YOUR % OF MEDICAID BILLABLE DAYS OF CARE

1. All facilities **not opting out** will complete this section using your census totals for 2021
    a. **Line 23 enter your total census for the 2021 year**. This is your days of care for the entire facility (January- December)
        1. USE YOUR ACTUAL DATA from 2021 to determine your total days of care for this survey.

b. **Line 24 Enter your ALP Medicaid Census for the year:** This is your days of care for January-December 2021 for all ALP residents receiving Medicaid. This is the same census number you would enter on your annual financial cost report.

c. **Line 25 Enter your ALP private pay census**. If your facility had ALP residents that were NOT Medicaid, you will need to compute the total days of care from your daily census reports. Note: the total of line 24and line 25 should equal your total ALP census days of care for the year. If you did not serve any privatepay ALP residents for the year, enter 0.

SECTION IV CALCULATION OF EMPLOYEE STAFF AND CONTRACT STAFF COSTS

In this section you will enter employees, position title, and total hours worked. Follow these steps to assure you have captured every eligible home health aide (including both direct hires and contract employees).

1. Review your payroll record and contract employee records for all home health aide employees that were working in the last pay period of 2021. These employees are to be used for calculation purposes, and the date is being used to establish Statewide consistency.
    a. Include only Home Care Aide employees/contract staff that worked in the ALP and provided Medicaid approved ALP services and/or support to those services.

2. Enter each employee's name or a discrete identification per employee and position in the table starting on line 38.
    a. From the drop downs, select either full or part time.
    b. **Column D** asks if the employee worked exclusively in the ALP?
        i. Choose yes or no. Your answer is very important and must be accurate.
        ii. Exclusive in the ALP means they DID NOT provide services to non-ALP residents.

3. **Column E asks for the Annual Hours worked, including both direct hires and contract employees**.
    a. Hours worked includes PTO, Vacation, Sick, Holiday.
        i. All paid time off will count in the total hours for that individual employee.
    b. There are 2 possible ways to determine the total hours worked for 2021
        i. If the employee worked all of 2021, you will use his/her total hours for the year
        ii. If the employee did not work all of 2021, you will use that employee's total hours plus the hours of any employee or contract staff who worked in that specific position during 2021. If the position was vacant for part of the year, include the hours that would have been worked had the position been filled. You will enter the total hours for that position on one line. This option provides the mechanism for capturing possible staff turnover.

4. **Column F asks for total percentage of Medicaid eligible ALPs hours**.
    a. Please determine a percentage that represents the number of hours worked that are Medicaid reimbursable ALPs hours for each identified staff person. Note that NON-Medicaid hours MUST NOT be included within this percentage.

Once you have entered the information in sections III and IV, the spreadsheet does the rest of the work for you. The spreadsheet formulas will compute your total Medicaid reimbursable costs, compare it to your census and compute the estimated Medicaid add on rate that you would need to cover your additional cost. Note that the current value listed is $2, but fringe <u>will</u> be added by the Department for the final calculations.

Submission of the Form

Once completed and saved, email the file and attestation form to: ALP-RATES@health.ny.gov

Important Contacts:

For questions about the excel survey, instructions, attestation, or process contact: Tim Fischer at ALP-RATES@health.ny.gov. Please type "Home Care Aide Wage Increase Survey question" in the subject line