



# Minimum Wage Survey-Home Care-Final

## Instructions

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 SFY 2017-18 (and forward) and will assist in developing a reimbursement methodology that will respond to the benchmarks of the Minimum Wage statute.

The NYS Department of Health anticipates working towards the development of a formal Home Care Provider cost reporting tool in the future that will capture more details, the contractual relationships between the Home Care agencies with the Managed Care plans, the contractual relationships amongst the Home Care agencies (CHHAs, LHCSAs, and FIs), and for reconciliation purposes.

This survey should be completed by all home care provider agencies unless the provider agency contracts out all Personal Care and Home Health services. In those circumstances, the sub-contractor should complete the survey. For example, if a Certified Home Health Agency (CHHA) contracts services out to a Licensed Home Care Services Agency (LHCSA), the LHCSA should complete the survey. In other words, home care agencies should be filling out the survey to report data only for employed staff where there is a direct Agency/Employee relationship.

We would ask that the individual/office with fiscal responsibility for the agency complete or oversee completion of this survey for all of their respective agencies/facilities/programs. We have provided an attestation at the end of the survey to ensure the accuracy of the information reported.

If you do not respond to the survey, this may impact the minimum wage rate adjustment on behalf of your agency/facility/program.

### ATTESTATION:

Please find the link to the attestation document in the attestation section of this survey. Simply copy and paste the link in to your computer's browser. Print this pdf document and have your agency's CEO or CFO complete it. It will probably be best to have your CEO or CFO review the data that you are contemplating to enter on the survey and have the form signed prior to actually completing the survey, as you will not be able to save the

survey for completion at a later time.

After the attestation form has been completed and signed, please upload a copy of it as part of the last question on the survey. Your survey will not be complete until you have provided this attestation document.

**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:

[mltcrsmw@health.ny.gov](mailto:mltcrsmw@health.ny.gov)

Thank you in advance for your participation.

1. Please Select the Name (and License Certification #) of your Home Care agency.

If you do not see the name of your agency/facility/program, please select the very last option on this list "I don't see my agency's name on this list. A NYS DOH staff person will contact me for further information." \*

-- Please Select --

2. 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. \*

Yes



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

For calendar year 2016, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Provider's payroll, including field and administrative staff.

We acknowledge that Personal Assistants who work under the CDPAS program are not considered "employed staff," however, for the purposes of this survey, please complete a separate survey to capture the hourly wage band determination for Personal Assistants in the CDPAS program. Agency names identified as "Fiscal Intermediaries" are located towards the end of the drop-down list.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours \*

# of Hours that Employed Staff were paid :

\$9.00 - \$9.24

\$9.25 - \$9.49

\$9.50 - \$9.74

\$9.75 - \$9.99

\$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

# of Hours that Employed Staff were paid :

\$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"/>

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

For calendar year 2016, 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.)

\*

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

\*

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

For calendar year 2016, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Provider's payroll, including field and administrative staff.

We acknowledge that Personal Assistants who work under the CDPAS program are not considered "employed staff," however, for the purposes of this survey, please complete a

separate survey to capture the hourly wage band determination for Personal Assistants in the CDPAS program. Agency names identified as "Fiscal Intermediaries" are located towards the end of the drop-down list.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours Employed Staff were paid at each of the following hourly wage bands. \*

# of Hours that Employed Staff were paid:

\$9.00 - \$9.24	<input type="text"/>
\$9.25 - \$9.49	<input type="text"/>
\$9.50 - \$9.74	<input type="text"/>
\$9.75 - \$9.99	<input type="text"/>
\$10.00 - \$10.24	<input type="text"/>
\$10.25 - \$10.49	<input type="text"/>
\$10.50 - \$10.74	<input type="text"/>
\$10.75 - \$10.99	<input type="text"/>
\$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"/>

# of Hours that Employed Staff were paid:

	<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"/>

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

For calendar year 2016, 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.) \*

4. 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?

\*

**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:**

For calendar year 2016, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Provider's payroll, including field and administrative staff.

We acknowledge that Personal Assistants who work under the CDPAS program are not considered "employed staff," however, for the purposes of this survey, please complete a separate survey to capture the hourly wage band determination for Personal Assistants in the CDPAS program. Agency names identified as "Fiscal Intermediaries" are located towards the end of the drop-down list.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours Employed Staff were paid at each of the following hourly wage bands. \*

	# of Hours that Employed Staff were Paid:	^
\$9.00 - \$9.24	<input type="text"/>	               v
\$9.25 - \$9.49	<input type="text"/>	
\$9.50 - \$9.74	<input type="text"/>	
\$9.75 - \$9.99	<input type="text"/>	
\$10.00 - \$10.24	<input type="text"/>	
\$10.25 - \$10.49	<input type="text"/>	
\$10.50 - \$10.74	<input type="text"/>	
\$10.75 - \$10.99	<input type="text"/>	

# of Hours that Employed Staff were Paid:

	<input type="text"/>
\$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"/>



**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:**

For calendar year 2016, 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.) \*

**5. Contact Information of the individual completing the survey:**

\*

First Name \*

Last Name \*

Title

Email Address \*

Phone Number \*

**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 copy and paste the following link in to your computer's browser 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...

Submit

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