

Instructions for ALP MINIMUM WAGE Survey 2024

GENERAL GUIDANCE:

1. The 2024 ALP Minimum Wage Survey is due no later than close of business on **September 20, 2024**.
2. The survey is collecting data for the collection period January 1, 2024 through June 30, 2024.
3. The workbook should be saved to your computer before entering any data. Please use the following format to name your file: "Facility name 2024 minimum wage survey"
4. Once completed and saved, email the file to: Alp-rates@health.ny.gov
5. Please make every effort to carefully follow the directions and complete using the provided guidelines.
6. Questions prior to sending your completed reconciliation can be sent to: Alp-rates@health.ny.gov
7. In addition to the spreadsheet, please also complete the attached attestation document. You will need to print it, have it signed by an authorized person representing your facility such as the CEO or CFO, attesting to the accuracy of the data, scan it to PDF, and return it to DOH.
8. Facilities can opt out of the survey. 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.

COMPLETING THE SURVEY:

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

If you see an Excel error in any of the grey cells when you are finished, please check your entries. You may be missing an entry required for the calculations.

SECTION I: GENERAL INFORMATION

All facilities must complete this section even if you are opting out of the reconciliation.

1. **Line 7** - please enter your facility name exactly as it appears on your operating certificate.
2. **Line 8** - Please enter the Medicaid provider id# associated with your ALP.
3. **Line 9** - Please select the region where you operate using the drop-down list. Click in the box and the drop-down arrow will appear. Note: your region corresponds to the minimum wage rate that your wages will be compared to and must be correct for the remainder of the reconciliation to calculate properly. The regions are:
 - a. NYC – Bronx, Brooklyn, Kings, New York, and Queens
 - b. LI and Westchester – Nassau, Suffolk, and Westchester
 - c. Rest of State – all other counties
4. **Lines 10 and 11** - Contact person name and e-mail: Please fill in so that DOH can follow up if necessary.

SECTION II: OPTING OUT

All facilities must complete this section even if you are opting out of the reconciliation.

1. **Line 16** - 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 reconciliation.
2. **Line 17** - Reason: If you choose YES in line 16, 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

All facilities not opting out will complete this section using your census totals for the first 6 months of 2024.

1. **Line 24 - Enter your total census for the collection period.** This is your days of care for the entire facility for the collection period from January 1, 2024 through June 30, 2024.
 - a. USE YOUR ACTUAL DATA from January 1, 2024 through June 30, 2024. The Department will scale up the provided 6 months of data to a full year.
2. **Line 25 - Enter your ALP Medicaid Census for the collection period:** This is your days of care for January 1, 2024 through June 30, 2024 for all ALP residents receiving Medicaid. You must use your actual, facility specific data.
3. **Line 26 - Enter your ALP private pay census for the collection period:** 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. If you did not serve any private pay ALP residents for the collection period, enter 0. You must use your actual, facility specific data.
 - a. Note: the total of lines 25 and line 26 should equal your total ALP census days of care for the collection period.
 - b. If you only have ALP days and no other kind of bed or day, then lines 25 and 26 will sum to the total census in Line 24. This will also result in the percentages in Lines 27 and 28 being identical.

SECTION IV: CALCULATION OF EMPLOYEE STAFF COSTS

In this section you will enter employees/positions, their total hours for the 6 month collection period, and rate of pay that was below the minimum wage rate on at the end of December, 2023. Follow these steps to assure you have captured everyone eligible. It is required that each facility use actual data from January 1, 2024 through June 30, 2024.

1. Review your payroll records for all employees that were working in the last pay period of June 2024.
 - a. Include only those employees that worked in the ALP and provided Medicaid approved ALP services and/or support to those services. (This includes Home Health Aides, Personal Care Assistants, Nurses that work in the ALP as managers or indirect care, and administrative staff such as bookkeepers, food preparers, or Medicaid billing staff).
 - b. From the list of staff identified, include only those staff that, in the previous year, were paid below the minimum that went into effect on January 1.

- c. For example: you employ 75 total people in the 100 bed facility with 60 ALP beds. Your facility is in the category “rest of state” and the minimum wage is set to increase to \$15.00 on January 1, 2024.
 - i. Of those 75 employees, 40 fit the definition in step a.
 - ii. Of those 40, there are 10 employees that are making less than \$15.00 in the last pay period of 2023, and each of them will be raised to \$15.00 or more on January 1, 2024.
 - iii. It is these 10 employees that will be included in this section.
2. **Columns A and B:** Enter each employee’s name or a discrete identification per employee and position in the table starting on line 41. In column B, identify the employee’s title or job category.
3. **Column C:** identify if the employee received the Home Care Worker minimum wage increase.
 - a. On January 2024, Home Care Aide workers received an additional increase for minimum wage (see DOL website for details) <https://dol.ny.gov/system/files/documents/2023/11/p105-home-health-aide-11-23-23.pdf>
 - b. If you select Y in column C, the amount of the Home Care Worker minimum wage increase will show in column K. If you select N, column K will remain empty.
 - c. Column L will show the total appropriate minimum wage for the employee/position based on the region selected in Section I and whether or not the Home Care Worker minimum wage increase is reflected.
4. **Column D:** select either full time or part time from the drop down list.
5. **Column E:** indicate whether the employee worked exclusively in the ALP.
 - a. Choose yes or no. Your answer is very important and must be accurate.
 - b. Exclusive in the ALP means they provided no services to non-ALP residents.
6. **Column F:** enter the Total Hours worked for each employee/position for the collection period.
 - a. Hours worked includes PTO, Vacation, Sick, Holiday. All paid time off will count in the total hours for that individual employee.
 - i. Note: These hours and wages cannot be counted as part of your cost of fringe.
 - b. There are 2 possible ways to determine the total hours worked for 2024:
 - i. If the employee worked all 6 months of the collection period, you will use their total hours through June 30, 2024.
 - ii. If the employee did not work all 6 months of the collection period, you will use that employee’s total hours plus the hours of any other employee(s) that completed the collection period in that position. You will enter the information all on one line. (You do not need to indicate a partial vacancy or personnel change in Col A).
7. **Column I:** enter the employee’s hourly rate of pay.
 - a. This is the rate of pay the employee was earning prior to the minimum wage increase that went into effect on January 1, 2024.
 - i. NYC, Long Island and Westchester: Using the 2024 minimum wage values, the rates of pay will all be below \$18.55 for home care workers in receipt of the \$2.55 home care

minimum wage increase, and below \$16.00 for all other employees. If the rate of pay is higher, then the person should not be included.

- ii. Rest of State: Using the 2024 minimum wage values, the rates of pay will all be below \$17.55 for home care workers in receipt of the \$2.55 home care minimum wage increase, and below \$15.00 for all other employees. If the rate of pay is higher, then the person should not be included.

8. **Column M:** enter your fringe benefit % on row 40 only.

- a. You will calculate the fringe benefit % and enter it in the unshaded cell in row 38 only. The rest of the rows will automatically be populated.
- b. Fringe benefit % is the total of all employer costs associated with your payroll as a % of your total payroll. It includes the cost of Social Security, Medicare, unemployment, worker comp., health insurance, dental insurance, 401K, etc.
- c. For purposes of this survey, the value of PTO, vacation, sick, holiday, etc. should not be included in your fringe calculation.
- d. Once you have your total cost of the fringe benefits, divide by your total payroll for the year and you will get your % to enter. For many employers, it is typically in the range of 15 to 20%.

9. **Spreadsheet calculation:** Once you have entered the information in Sections III and IV, the spreadsheet does the rest of the work for you. It calculates each employee's labor cost to meet the increased minimum wage, it adds the fringe benefit cost, and it determines total cost per employee.

- a. Row 106 totals the relevant entries from Section IV. Then row 107 scales up the totals from 6 months to 12 months and computes the estimated full year total cost.
- b. Row 109 displays the calculated daily rate add on to cover the additional minimum wage costs.
Note: Please consider this amount to be projected or draft until the Department has received and reviewed the surveys.

SUBMISSION OF THE COMPLETED SURVEY FORMS

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

For questions about the Excel survey, instructions, attestation, or process send an email to ALP-RATES@health.ny.gov. Please type "2024 Minimum Wage Survey question" in the subject line.