# 2018 Senate Bill (SB) 3
# Minimum Wage Impact Survey Instructions

## Introduction

The Fee-For-Service Rates Development Division (FFSRDD) at the California Department of Health Care Services (DHCS) requests the participation of Medi-Cal Long Term Care providers in completing this survey. The Department is administering this survey pursuant to its authority as the single state agency administering the Medi-Cal program under California Welfare & Institutions Code section 10740. Your participation will help the Department study the effects of Senate Bill (SB) 3 (Chapter 4, Statutes of 2016). The information provided in the survey responses will be used in our labor study to provide accurate reimbursement.

## Background

SB 3 created a schedule for a phased increase in the minimum wage from $10.50 per hour to $15.00 per hour over seven years, depending on the size of the employer and general economic conditions, and linked the minimum wage to the U.S. Consumer Price Index (CPI) once the minimum wage reaches $15 per hour. The minimum wage increases will significantly increase provider labor costs, thus increasing Medi-Cal reimbursement expenditures. Pursuant to California's Medicaid State Plan (Title XIX), DHCS will be providing an add-on to the Medi-Cal LTC provider facilities' per-diem reimbursement rates.

DHCS collected LTC provider's wage data for the period of April 1, 2016 through June 30, 2016, and will continue to collect this data on an annual basis.

## Participation

Participation in this survey is voluntary, but strongly encouraged, as it will aide in a better understanding of the impact of wage increases.

Completed surveys are used for internal purposes only and will not be shared outside of the Department. If you have any questions or concerns, or would like to request a copy of your completed survey or to inquire about the location of your records, you may contact the Department directly through one of the options below:

**Phone:** (916) 552-9600

**Email:** supp1629@dhcs.ca.gov or
LTCReimbursement@dhcs.ca.gov (Intermediate Care Facilities for the Developmentally Disabled (ICF-DDs) only)
Please use subject line "2018 SB 3 Wage Impact Survey"

**Mail:** Department of Health Care Services
Fee-For-Service Rates Development Division
1501 Capitol Avenue, MS 4600
Sacramento, California 95899-7417

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## Instructions

You may access the survey and instructions on the DHCS webpage, using the link below. Your information will be saved as you progress through the survey. You can use the "Back" button at the bottom of any page to go to the previous page in the survey and review answers previously entered. **The survey will be available through March 23, 2018**.

Survey Link: https://www.surveymonkey.com/r/SB3_Impact_Survey
Job Description: http://www.dhcs.ca.gov/services/medi-cal/Documents/LTCRU/SB3_Survey_Job_Title_Descriptions.pdf

***Important Notes:***

1. The survey must be completed by a facility administrator or supervisor who can attest to the accuracy of the survey responses. If you are not a facility administrator or a person of similar supervisory authority, please forward the survey and these instructions to the appropriate person to complete the survey.

2. It is recommended that the survey be completed in a single session; however, if necessary, close out the survey. To resume the survey, you can click on the survey link again, from the same computer. You will be taken back to the last point of completion. This feature will only work if cookies are turned on and not deleted on your computer in between sessions.

3. Submissions are only considered complete when you click the "Done" button on the last page of the survey. You will know you were successful in submitting the survey once you see the "Thank You" page.

4. For consistency, FFSRDD requests a survey for each responding facility. If you have multiple facilities, please complete one survey for each facility. For multiple survey submissions, cookies will need to be deleted on your computer in order to reenter the survey and submit for another facility.

5. If your facility provides two levels of care (i.e. skilled nursing and subacute) in one location, please complete one survey for all of the services provided at that facility.

The survey contains eight main sections:

1. General Information
2. OPT-OUT
3. Capacity Questionnaire
4. Certified Nursing Assistants (CNAs) Wage Information
5. Hourly Staff, excluding CNAs, Wage Information
6. Job Category
7. Comments
8. Electronic Signature

Additional notes with field definitions are included on the next page of this document. Screen shots of the data entry fields can be found on the following pages. FFSRDD recommends that you review these and collect the data ahead of starting the on-line survey process.

Thank you for your participation!

***Disclaimer***

*The respondent is responsible for providing accurate and reasonable information in the survey. The Department will review all survey responses for accuracy and reasonability and will exclude any surveys or information determined to be erroneous or incomplete. The responsibility for the integrity of the information submitted rests upon the party providing the information and not the Department. The Department reserves the right to verify information provided if questions arise about integrity or accuracy of the data submitted. Please respect and comply with all relevant privacy laws when answering questions in this survey. Refrain from providing unnecessary detail or information that may compromise privacy.*

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## Notes

Hourly Staff vs. Salary Staff – Positions are categorized as hourly staff. For this survey, provide the hourly pay rate for the period from **January 1, 2017 through December 31, 2017**. If a position is paid by salary, then convert the annual salary to hourly rate. (For example: if your CNA is paid an annual salary instead of an hourly rate, use 2,080 hours to convert the annual salary to hourly wage) Do not include exempt positions in the survey

**General Information** – This section requests information about your facility. If your facility is an ICF-DD, ICF/DD-H, or ICF/DD-N you will be required to specify the ICF-DD type. If your facility type is not listed, you do not need to take this survey.

### Contact Information

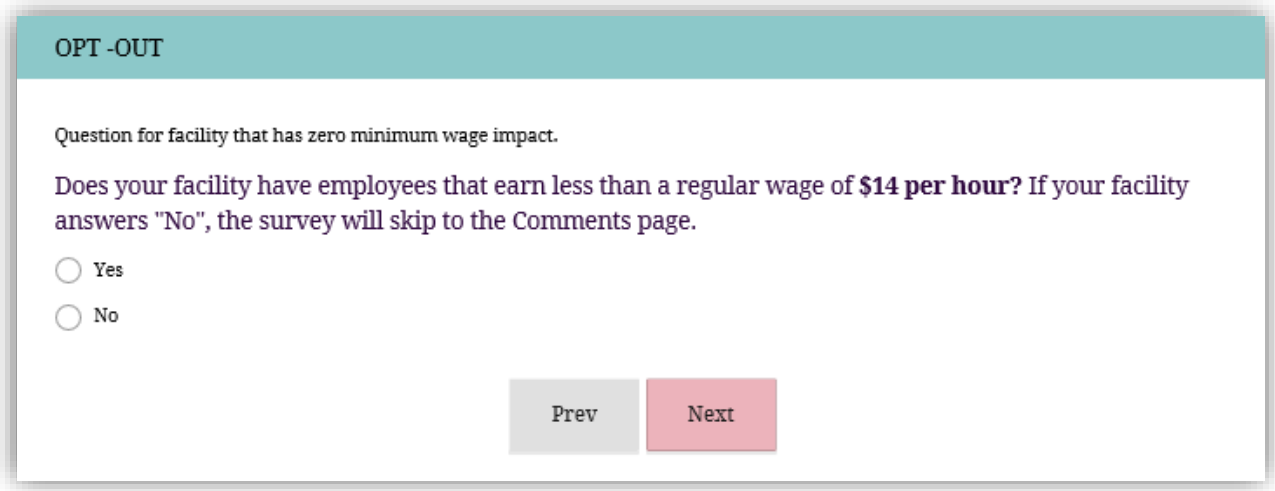
| | |
|---|---|
| Name of Facility | |
| Facility OSHPD ID # (if known) | |
| NPI # | |
| Facility Address | |
| City/Town | |
| ZIP/Postal Code (#####-####) | |

Select your facility county location from the drop down menu. Each county will have a designated peer group number assigned.

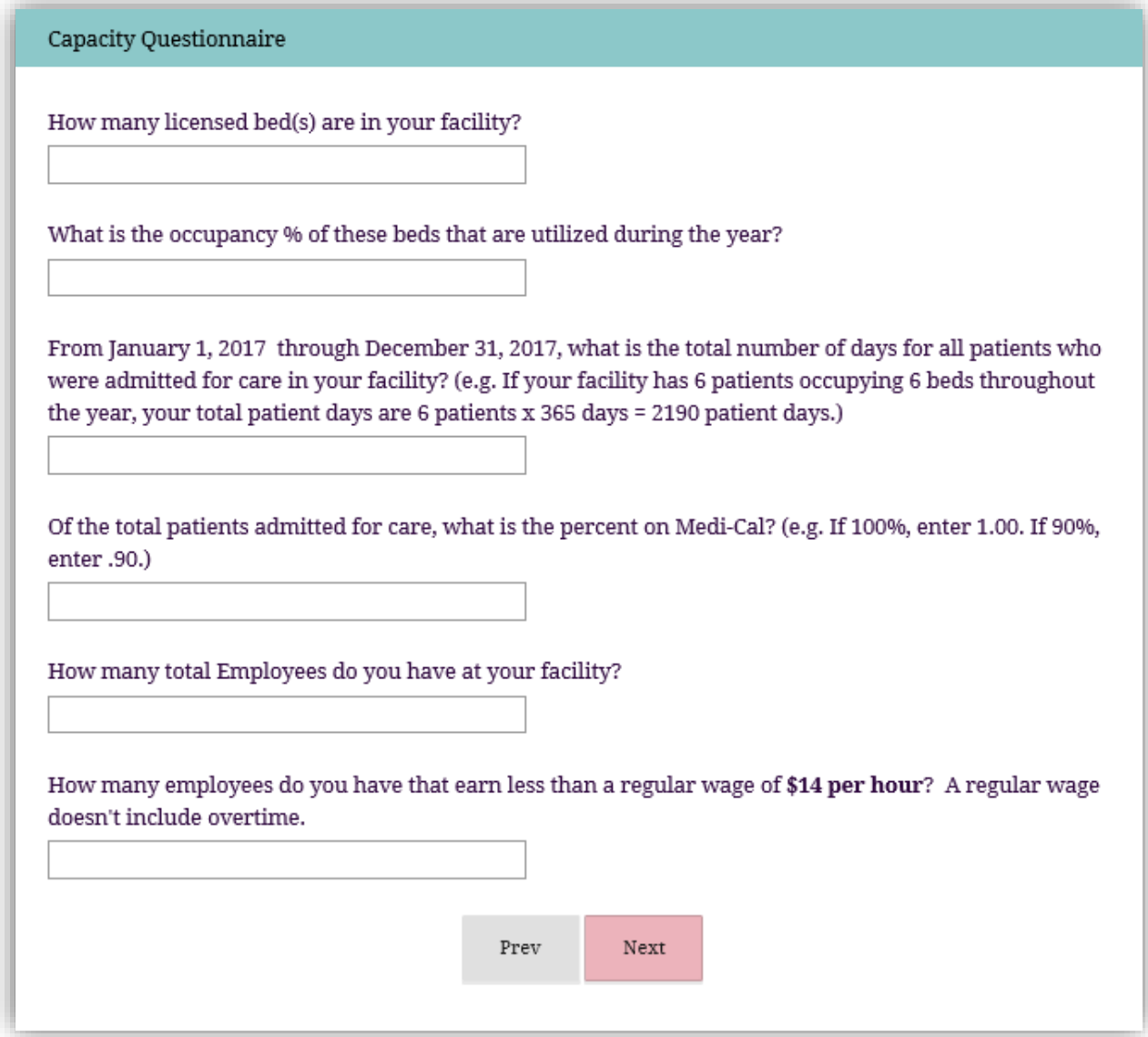
### Type of facility

- ○ Distinct-Part Nursing Facilities Level B (DP/NF-B)
- ○ Free-Standing Adult Subacute
- ○ Nursing Facilities Level A (NF-A)
- ○ Free-Standing Skilled Nursing Facilities Level B (NF-B)
- ○ Distinct-Part Adult Subacute
- ○ Distinct-Part Pediatric Subacute
- ○ Free-Standing Pediatric Subacute
- ○ Intermediate Care Facilities for the Developmentally Disabled (ICF/DD, ICF/DD-H, or ICF/DD-N)
- ○ Other (please specify)

**OPT-OUT** – This section allows facilities to opt-out of the survey, if they have no employees earning less than $14 per hour. Facilities that answer “No”, will skip to the Comments page.



**Capacity Questionnaire** – This section requests information on license beds, occupancy, and number of employees.

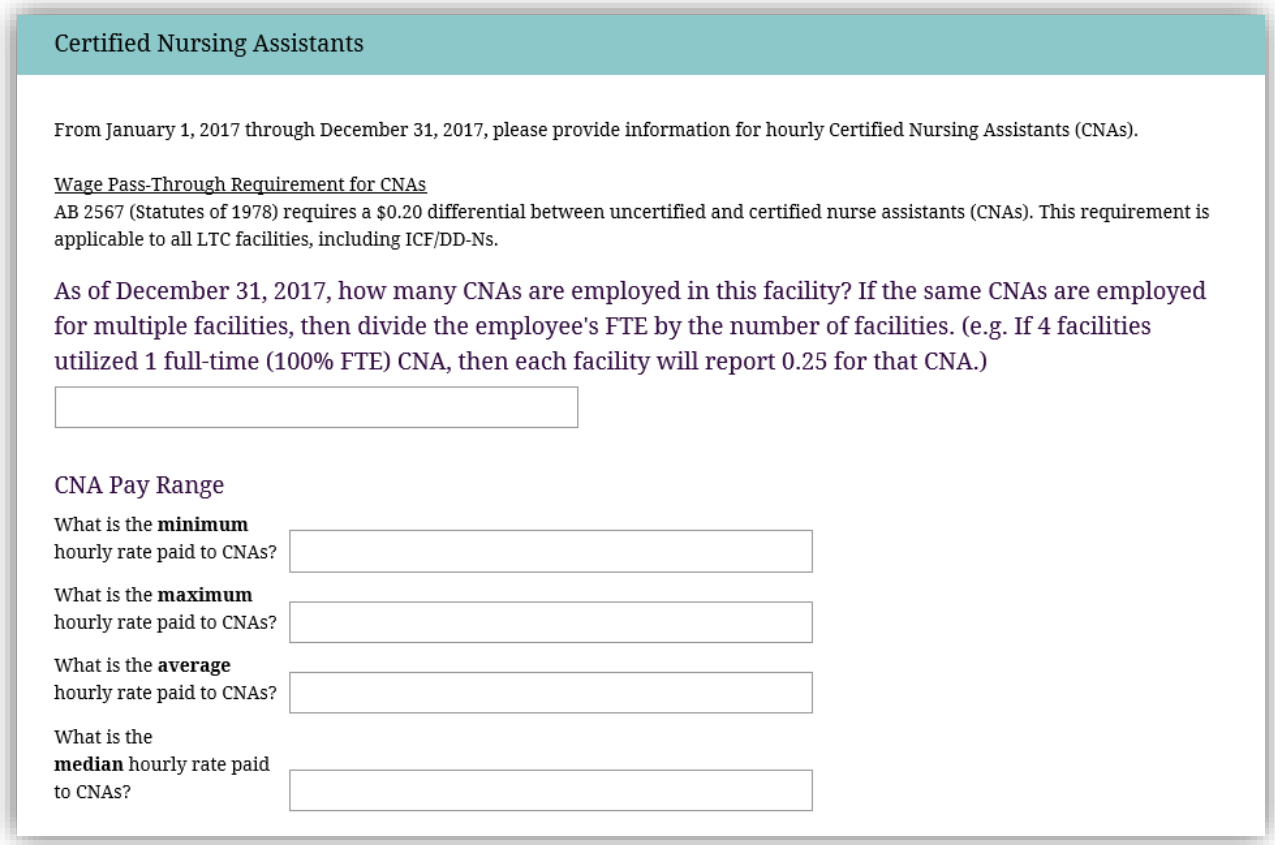


**Certified Nursing Assistants (CNA)** – This section requests information on the number of employed CNAs as well as their pay range.

For help finding the minimum, maximum, average and median hourly wages please refer to the example provided below.

Example:
For a facility with CNA hourly wages of: $10.00, $11.50, $11.25, $12.75, $15.00

- The **Minimum** is the lowest hourly wage. ($10.00)
- The **Maximum** is the highest hourly wage. ($15.00)
- The **Average** is the sum of hourly wages and then divided by the number of CNAs.
  ($10.00+$11.50+$11.25+$12.75+$15.00)/5=$12.10
- The **Median** is the 'middle value' when wages are ordered from least to greatest.
  $10.00, $11.25, **$11.50**, $12.75, $15.00



Certified Nursing Assistants

From January 1, 2017 through December 31, 2017, please provide information for hourly Certified Nursing Assistants (CNAs).

Wage Pass-Through Requirement for CNAs
AB 2567 (Statutes of 1978) requires a $0.20 differential between uncertified and certified nurse assistants (CNAs). This requirement is applicable to all LTC facilities, including ICF/DD-Ns.

As of December 31, 2017, how many CNAs are employed in this facility? If the same CNAs are employed for multiple facilities, then divide the employee's FTE by the number of facilities. (e.g. If 4 facilities utilized 1 full-time (100% FTE) CNA, then each facility will report 0.25 for that CNA.)

CNA Pay Range

What is the **minimum** hourly rate paid to CNAs?

What is the **maximum** hourly rate paid to CNAs?

What is the **average** hourly rate paid to CNAs?

What is the **median** hourly rate paid to CNAs?

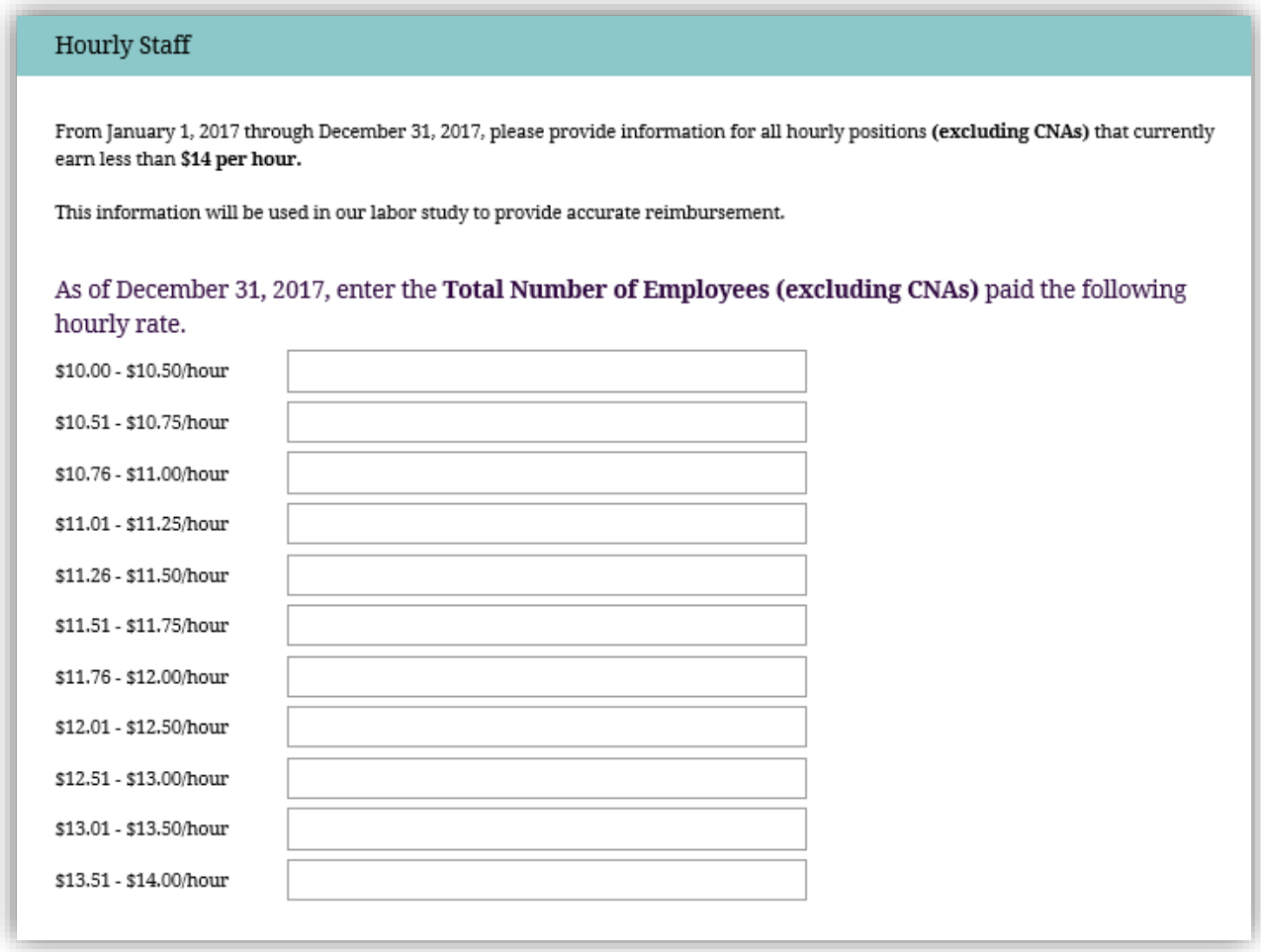
In addition, this section requests **Total Number of CNAs**, **Total Regular CNA Hours**, and **Total Overtime CNA Hours** for the specified pay ranges below.

Wage Pass-Through Requirement for CNAs

AB 2567 (Statutes of 1978) requires a $0.20 differential between uncertified and certified nurse assistants (CNAs). This requirement is applicable to all LTC facilities, including ICF/DD-Ns. Therefore, CNAs minimum wage should be $0.20 above the current minimum wage of $10.00.

| | |
|---|---|
| $10.20 - $10.50/hour | |
| $10.51 - $10.69/hour | |
| $10.70 - $11.00/hour | |
| $11.01 - $11.25/hour | |
| $11.26 - $11.50/hour | |
| $11.51 - $11.75/hour | |
| $11.76 - $12.00/hour | |
| $12.01 - $12.50/hour | |
| $12.51 - $13.00/hour | |
| $13.01 - $13.50/hour | |
| $13.51 - $14.00/hour | |

**Hourly Staff** – this section requests information on hourly staff, excluding CNAs. Information needed are **Total Number of Employees**, **Total Regular Hours**, and **Overtime Hours** for the pay ranges below.



Hourly Staff

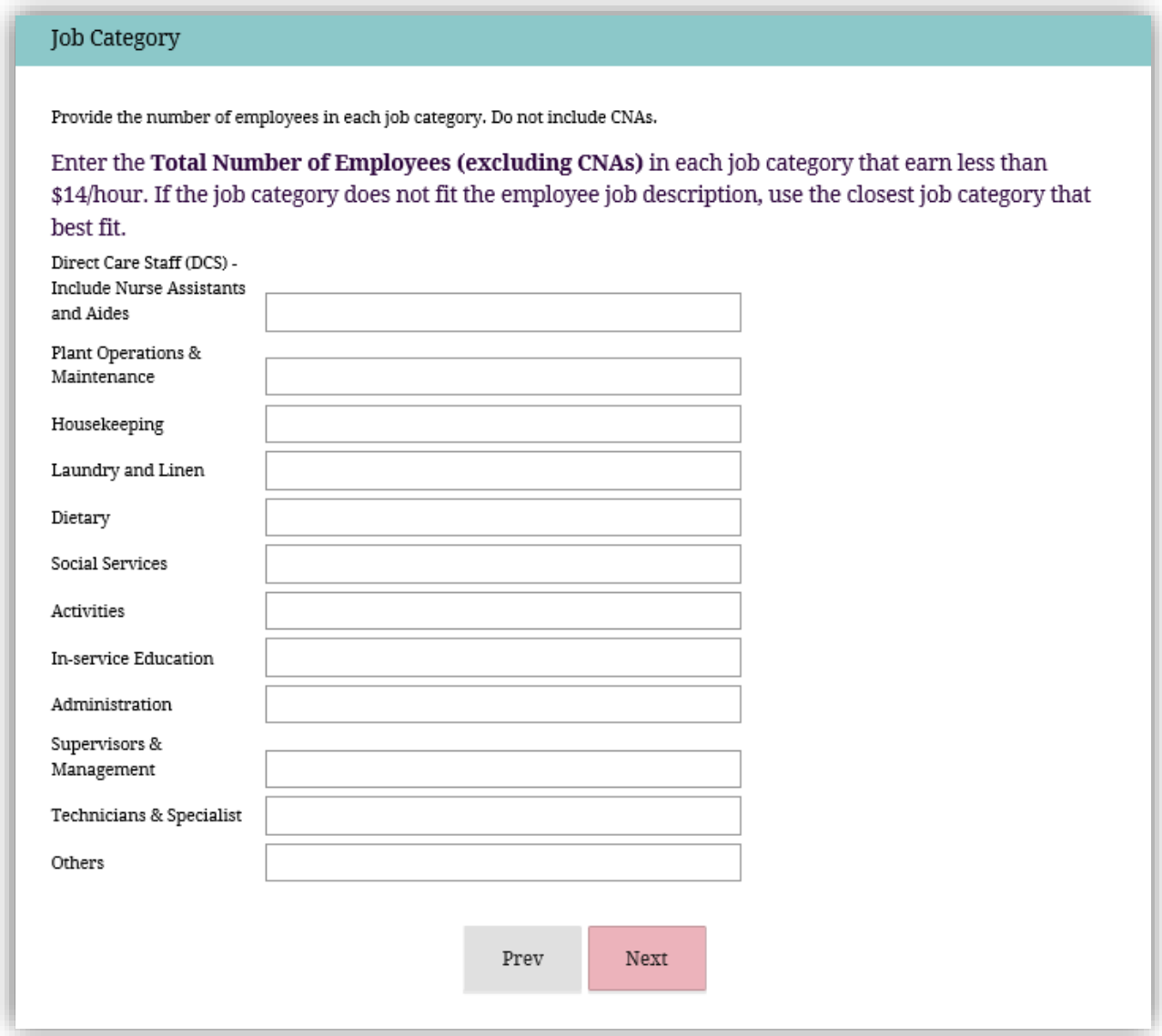
From January 1, 2017 through December 31, 2017, please provide information for all hourly positions **(excluding CNAs)** that currently earn less than **$14 per hour.**

This information will be used in our labor study to provide accurate reimbursement.

As of December 31, 2017, enter the **Total Number of Employees (excluding CNAs)** paid the following hourly rate.

| | |
|---|---|
| $10.00 - $10.50/hour | |
| $10.51 - $10.75/hour | |
| $10.76 - $11.00/hour | |
| $11.01 - $11.25/hour | |
| $11.26 - $11.50/hour | |
| $11.51 - $11.75/hour | |
| $11.76 - $12.00/hour | |
| $12.01 - $12.50/hour | |
| $12.51 - $13.00/hour | |
| $13.01 - $13.50/hour | |
| $13.51 - $14.00/hour | |

**Job Category** – This section requests **total number of employees** for each job category (excluding CNAs) that earn less than $14/hour. If the job category is not listed in the survey, use the closest job category that fits the job description.



Job Category

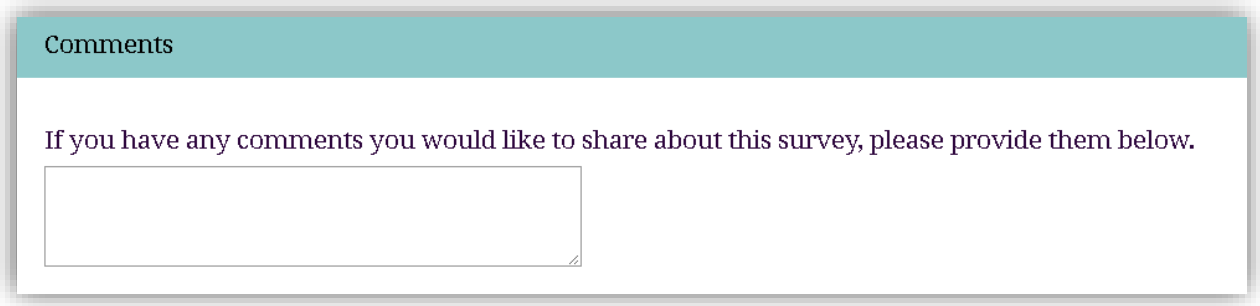
Provide the number of employees in each job category. Do not include CNAs.

Enter the **Total Number of Employees (excluding CNAs)** in each job category that earn less than $14/hour. If the job category does not fit the employee job description, use the closest job category that best fit.

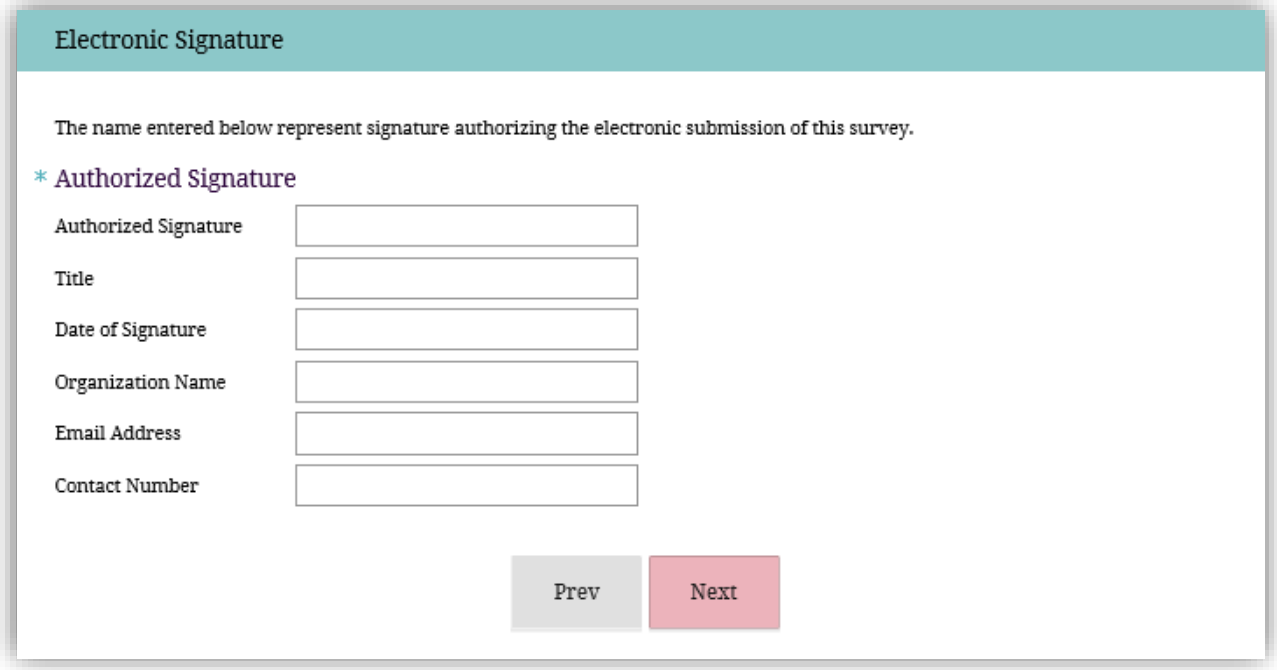
| | |
|---|---|
| Direct Care Staff (DCS) - Include Nurse Assistants and Aides | |
| Plant Operations & Maintenance | |
| Housekeeping | |
| Laundry and Linen | |
| Dietary | |
| Social Services | |
| Activities | |
| In-service Education | |
| Administration | |
| Supervisors & Management | |
| Technicians & Specialist | |
| Others | |

Prev Next

**Comments** - Near the end of the survey, respondents may provide any comments they have regarding the survey. Respondents may use this section to provide any clarification to the data.




**Electronic Signature** – At the end of the survey, an authorized signature from a facility administrator or other authorized person filling out the survey is required.




## Thank you for participating in our survey!