

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

### Introduction

The Fee-For-Service Rates Development Division (the "Division") at the California Department of Health Care Services (the "Department") requests the participation of 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. 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. SB 3's minimum wage increases will significantly increase provider labor costs, thus increasing Medi-Cal reimbursement expenditures. Pursuant to California's Medicaid State Plan (Title XIX), the Division will be providing an add-on to the Medi-Cal long-term care provider facilities' per-diem reimbursement rates.

### Participation

Participation in this survey is voluntary but encouraged. Completed surveys are for internal use only and will not be shared outside of the Department. The Division shall, upon request, inform interested survey respondents regarding the location of their records and the categories of any persons who use the information in those records. The Division shall, upon request, make available to any interested respondents their own survey results. The Division contact person for questions regarding this survey is:

Ryan Herche  
Chief, Long Term Care System Development Unit  
Fee-For-Service Rates Development Division  
Department of Health Care Services  
PH 916-552-9661

### Instructions

The survey can be accessed on-line via the link below. Additions and changes will be saved as you progress. You can use the "Back" button at the bottom of any page to go backwards in the survey and review answers previously entered. **The survey will be open through November 30, 2016.**

Survey Link: [https://www.surveymonkey.com/r/SB3\\_Impact\\_Survey](https://www.surveymonkey.com/r/SB3_Impact_Survey)

### Important Notes:

1. If you need to pause and step away during the completion of the survey, you can do so, and then click on the survey link again from the same computer to take you back to the last point of completion. BUT this return feature only works if

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cookies are turned on and not deleted on your computer in between sessions. We highly recommend that you complete the survey in one session, if possible, to avoid having to re-do any work should your partially completed survey not be accessible.

2. Your submission will only be marked as “complete” if you click the “Done” button on the last page of data entry and see the “Thank You” page.
3. 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 either 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.

The survey contains five main sections:

1. General Information
2. Capacity Questionnaire
3. Information about wages below \$13 per hour or salaries below \$54,080 annually for each type of employees. Do not include exempt positions in the survey.
  - a. Dietary and Housekeeping Contract Staff
  - b. Hourly Staff
4. Comments
5. Electronic Signature

For consistency, we request that a survey be completed for each responding facility. If you have multiple facilities, please complete one survey for each. If you have multiple services in one location, please complete one survey for all of the services provided at that facility.

You can find additional notes with field definitions on the next page of this document. Screen shots of the data entry fields can be found on the following pages; the Division recommends that you review these and collect the data ahead of starting the on-line survey process. Finally, “Job Title Descriptions” can be found in the attached document that provide descriptions for each job title for the survey.

### Ripple Effect Survey

In addition to the direct impact of SB 3, the Division is interested in studying the indirect impact of the minimum wage increase due to the “ripple effect”. This ripple effect occurs when a raise in the minimum wage increases the wage received by workers that earned slightly above the minimum wage. To capture the true impact of the ripple effect, the Division requests that each facility complete the Excel document located at the website: <http://www.dhcs.ca.gov/services/medi-cal/Pages/LTCRU.aspx> to report all employees that made between \$13.01 - \$21.00 per hour during the pay period from April 1, 2016 through June 30, 2016. Do not include exempt positions in the survey. In order for the Department to effectively analyze this information, the Excel document must be submitted electronically to the Long Term Care System Development Unit at [supp1629@dhcs.ca.gov](mailto:supp1629@dhcs.ca.gov) or [LTCReimbursement@dhcs.ca.gov](mailto:LTCReimbursement@dhcs.ca.gov) (Intermediate Care Facilities for the Developmentally Disabled [ICF-DDs] only) with the subject line “SB 3 Ripple Effect Survey” no later than **December 16, 2016**.

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If you are not able to submit the Excel document electronically, please mail a signed copy of the Excel document to:

Department of Health Care Services  
Fee-For-Service Rates Development Division  
Long Term Care Section  
SB 3 Ripple Effect Survey  
P.O. Box 997417, Suite 71.3052, MS 4600  
Sacramento, CA 95899-7417.

### Contact Us

If you have any questions or concerns, please contact the Long Term Care System Development Unit at [supp1629@dhcs.ca.gov](mailto:supp1629@dhcs.ca.gov) or [LTCReimbursement@dhcs.ca.gov](mailto:LTCReimbursement@dhcs.ca.gov) (ICF-DDs only) with the subject line "SB 3 Wage Impact Survey".

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 salary or hourly staff. For hourly positions, please provide the hourly pay rate for the period from **April 1, 2016 through June 30, 2016**. If a position is categorized differently on the survey than it is in your organization (for example, you pay your office manager an annual salary instead of an hourly wage, or your Marketing Representative an hourly wage instead of an annual salary), please 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, you will be required to specify the ICF-DD type.

Contact Information	
Name of Facility	<input type="text"/>
Facility OSHPD ID # (if known)	<input type="text"/>
NPI #	<input type="text"/>
Facility Address	<input type="text"/>
City/Town	<input type="text"/>
ZIP/Postal Code (#####-####)	<input type="text"/>
Select your facility county location from the drop down menu. Each county will have a designated peer group number assigned.	
<input type="text"/>	
Type of facility	
<input type="radio"/> Distinct-Part Nursing Facilities Level B (DP/NF-B)	
<input type="radio"/> Free-Standing Adult Subacute	
<input type="radio"/> Nursing Facilities Level A (NF-A)	
<input type="radio"/> Free-Standing Skilled Nursing Facilities Level B (NF-B)	
<input type="radio"/> Distinct-Part Adult Subacute	
<input type="radio"/> Distinct-Part Pediatric Subacute	
<input type="radio"/> Free-Standing Pediatric Subacute	
<input type="radio"/> Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)	
<input type="radio"/> Other (please specify)	
<input type="text"/>	

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

### Capacity Questionnaire

How many licensed bed(s) are in your facility?

What is the occupancy % of these beds that are utilized during the year?

For the period of April 1, 2016 through June 30, 2016, what is the total number of days for all patients who were admitted for care in your facility?

Of the total patients admitted for care, how many were on Medi-Cal?

How many total Employees do you have at your facility?

How many employees do you have that earn less than a regular wage of \$13 per hour? A regular wage doesn't include overtime.

How many **exempt** employees do you have that earn less than a regular wage of \$54,080 annually?

Does your facility have dietary and/or housekeeping **contract staff** that earn less than a regular wage of \$13 per hour?

- Yes  
 No

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If you answered “Yes” to the last question, the survey will direct you to enter the Dietary and Housekeeping Contract Staff screen for you to enter the number of contract staff, hourly wages, and total number of hours worked. Otherwise, the survey will direct you to the Hourly Staff screen.

### Dietary and Housekeeping Contract Staff

How many Dietary and Housekeeping contract staff in your facility that earn less than a regular wage of \$13 per hour?

Dietary

Housekeeping

For the period from April 1, 2016 through June 30, 2016, please provide the average hourly wage for each contracted staff type. (e.g. 3 dietary contract staff makes \$10.00, \$10.50, and \$11.75 per hour. The average hourly wage is  $(\$10.00 + \$10.50 + \$11.75) / 3 = \$10.75$  per hour). Enter 0, if your facility does not have the listed contract staff.

Dietary

Housekeeping

For the period from April 1, 2016 through June 30, 2016, please provide the total number of hours worked for each contracted staff type (e.g. 3 dietary contract staff worked 240, 180 and 400 hours within the 3 months. The total number of hours worked for dietary contracted staff is  $240 + 180 + 400 = 820$  hours). Enter 0, if your facility does not have the listed contract staff.

Dietary

Housekeeping

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**Hourly Staff** – this screen will provide up to 10 hourly employee fields for your data entry. If you have more than 10 hourly employees, answer “Yes” on the last question of the screen and the survey will direct you to the next 10 fields. Respondent can enter up to 30 hourly staff in the survey. If you do not have more than 10 hourly employees to provide, answer “No” to the last question and the survey will direct you to the Comment section.

### Hourly Staff

For the pay period from April 1, 2016 through June 30, 2016, please list information for all hourly positions that currently earn less than **\$13 per hour**

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

Employee's Initials - e.g., John Smith is JS  
Job Title - e.g., CNA, Janitors, Billing Clerks, Housekeeper, Landry, etc.  
\$ Base Hourly Pay - regular hourly pay rate during pay period  
# Regular Hours worked at base pay rate during the pay period (not including vacation time, sick time, etc.)  
# Overtime Hours worked at time and one-half during the pay period (not including vacation time, sick time, etc.)  
# Overtime Hours worked at double time during the pay period (not including vacation time, sick time, etc.)

Employee 1

Employee's Initials (e.g., John Smith is JS)

Job Title

\$ Base Hourly Pay

# Regular Hours worked at base pay rate

# Overtime Hours worked at 1.5x

# Overtime Hours worked at 2x

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

### Comments

If you have any comments you would like to share about this survey, please provide them below.

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**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.

### Electronic Signature

The name entered below represent signature authorizing the electronic submission of this survey.

#### \* Authorized Signature

Authorized Signature

Title

Date of Signature

Organization Name

**Thank you for participating in our survey!**