

# **2026 Workforce Standards Program Opt-In Form Instructions**

# Form Details

The following information outlines the required information needed to fill out each of the forms listed above.

## Workforce Standards Opt-In Form:

*This is an online form to be filled out and submitted online.*

Facilities that choose to participate in the Workforce Standards Program for CY 2026 must submit this opt-in form and all required supplemental documents no later than August 1, 2025. Furthermore, to submit this form facilities must agree to the terms and conditions of the [WSP Opt-in Agreement](#).

If you have questions about the Workforce Standards Program or opt-in process, please refer to SNF WSP website at <https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx> or send an email to [SNFWSP@dhcs.ca.gov](mailto:SNFWSP@dhcs.ca.gov).

### 1. Facility and Authorized Representative Information

- i. Facility Name
- ii. Facility Street Address
- iii. Facility City
- iv. Facility State
- v. Facility Zip Code
- vi. Facility HCAI ID (starts with 206-)
- vii. Facility NPI
- viii. Facility Tax ID
- ix. Representative First Name
- x. Representative Last Name
- xi. Representative Title
- xii. Representative Phone Number
- xiii. Representative Email

### 2. Opt-In Rate Year

- i. Rate Year
  - i. Choice 1: 2026

- ### 3. Upload WSP Opt-in Schedules (Excel)
- Please refer to the [SNF WSP website](#) for a blank copy of the WSP Opt-in Schedules. Please read the instructions carefully. The schedules that must be completed depending on the pathway the facility is

opting-in through. All facilities opting into the Workforce Standards Program must complete the Facility Information worksheet and Schedule 1: Employers.

#### **4. All Pathway Requirements**

- i. The facility and the facility's related employer entities agree to comply with all applicable federal, state, and local laws regarding wages, overtime, paid leave, and wage passthrough requirements (including Welfare and Institutions Code 14110.6 and Health and Safety Code 1338) with respect to applicable workers.
- ii. The facility and the facility's related employers agree to report wage, benefit, and collective bargaining information regarding the applicable rate year, at the time and in the manner specified by DHCS.
- iii. The facility agrees to provide notice to applicable workers regarding the Workforce Standards Program, at the time and in a manner specified by the Department.
- iv. The facility and the facility's related employers agree not to subject any employee to retaliation due to reporting noncompliance with any of the workforce standards applicable to the facility under the Workforce Standards Program.

#### **5. Pathway – *At this point in the form, the facility must pick a pathway and upload the required supplemental documents.***

- i. Choice 1: Basic Wage and Benefit Pathway
  - i. This facility agrees that each of the facility's and each of the facility's related employer's applicable workers will, from the first day of the rate year through the last day of the rate year, receive at least the basic wage, health benefit, paid sick leave, and training standards defined in Sections 6 through 6.4 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan.
  - ii. This facility agrees that the facility and all related employers will begin paying and providing basic wages and benefits prospectively within 30 days of the applicable date, and provide payment and credit of the basic wages and benefits retroactive to the first day of the rate year within 90 days of the applicable date as defined in Sections 6 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan, unless DHCS, in its sole discretion, approves an extension for good cause. Please see the Basic Wage and Benefit Opt-in Compliance Extension Request form.

- iii. This facility agrees that the facility and all related employers will provide payment and credit of the basic wages and benefits retroactive to the first day of the rate year within 90 days of the applicable date as defined in Section 6(d) of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan, unless DHCS, in its sole discretion, approves an extension for good cause.
  - iv. If this facility wishes to request a compliance deadline extension for good cause, it will submit the Basic Wage and Benefit Opt-In Compliance Extension Request Form before the expiration of any required deadline or previously requested extended deadline. Facilities must provide clear and convincing evidence of good cause, such as documentation of communications with Managed Care Plans.
  - v. This facility will submit the Basic Wage and Benefit Opt-In Compliance Attestation form within 105 days of the applicable date as defined in Sections 6 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan or within 15 days of a later compliance deadline extension.
  - vi. This facility acknowledges that if it fails to submit the Compliance Attestation Form or a Compliance Extension Request Form by the required deadlines it may be removed from the Workforce Standards Program and default to the basic per diem rate without the workforce rate adjustment.
- ii. Choice 2: Labor Management Committee Pathway
  - i. This facility is a member of a statewide, multi-employer labor-management committee certified by DHCS for the WSP program as defined in Section 2.1 and Section 4 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan.
  - ii. Labor Management Committee Name
- iii. Choice 3: Collective Bargaining Agreement Pathway
  - i. The facility attests that, as of the date this opt-in is submitted, at least a majority of the facility's and the facility's related employers' applicable direct care workers are covered by a collective bargaining agreement that recognizes one or more labor unions certified by the National Labor Relations Board (NLRB) or Public Employment Relations Board (PERB) as the exclusive bargaining representative of those workers.

- ii. This facility agrees to notify DHCS of any revised, extended, or new collective bargaining agreements that cover applicable workers within 30 days of such agreement taking effect. Please see the SNF WSP website at <https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx> for instructions on how to provide this notification.
- iii. Signed Collective Bargaining Agreement Upload –  
Please upload signed PDF copies of the term of agreement and signature pages of any collective bargaining agreements that cover any direct labor workers of the facility and of any of the facility's related employers at the time this form is submitted or during any portion of an applicable rate year. The uploaded pages must include all of the following:
  - 1. The name of the employer
  - 2. The name of the labor union
  - 3. The start and end dates of the agreement, and if applicable, any provisions that make the agreement retroactive for the purposes of the WSP.
  - 4. The signatures, names, and titles of the employer's and labor union's authorized representatives. Failure to upload signature pages with all required signatures will result in a delay or non-acceptance into the WSP.
- iv. Signed copies of collective bargaining agreements submitted as part of the Workforce Standards Program are for use only by DHCS. DHCS considers these documents to be confidential official information pursuant to Evidence Code § 1040. DHCS may share this information with DHCS's contractors, other departments in the California Health & Human Services Agency, and the federal Centers for Medicare & Medicaid Services (CMS) when necessary for the Medi-Cal program. This information will not be shared with any other parties, unless otherwise required by law or a court order.
- iv. Collective Bargaining Agreement Expiration
  - a. Do one or more currently active CBAs expire before the end of the rate year(s) for which the facility is opting in to that may result in less than a majority of the facility's and the

facility's related employers' applicable direct care workers being covered by CBAs? Please note that in this case, a facility may still opt-into the WSP through the CBA Pathway. However, to remain in the WSP for the applicable rate year, the facility must either extend the necessary CBA(s) before it expires or switch to another qualifying pathway within 30 days of the CBA(s) expiring.

- b. If yes, the earliest date that a majority of the facility's and the facility's related employers' applicable direct care workers may not be covered if current CBA(s) expire.
- c. This facility acknowledges that if it ceases to meet the requirements of the CBA Pathway during a rate year due to necessary CBA(s) expiring, the facility may be removed from the Workforce Standards Program and default to the basic per diem rate without the workforce rate adjustment for the rate year. To avoid losing eligibility, the facility may either extend the necessary CBA(s) before they expire or switch to another qualifying pathway within 30 days of the CBA(s) expiring. Facilities must notify DHCS of any extended CBAs or request to switch pathways as described in Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan and the WSP website.
- v. Collective Bargaining Agreement Coverage Gap Waiver Request–
  - a. Does the facility have any gaps in meeting the CBA Pathway's requirements prior to the date this opt-in is submitted (for example, due to an expired CBA lapsing before it was extended)? Please indicate "Yes" below to request a waiver pursuant to Section 7 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan. Please indicate "Not Applicable" if you are not opting-in for CY 2024. Please note that a CBA that includes provisions making it retroactively effective to the date the previous CBA expired, or the beginning of the rate year, is not considered a "gap" for the WSP and does not require a waiver. Please note if the facility does not have a signed CBA effective as of the date of the opt-in, the facility cannot opt into the WSP via the CBA Pathway at this time.

- b. Please provide details of any gaps in meeting the CBA requirement or other information applicable to your waiver request.
- c. This facility acknowledges that to opt-in to the WSP through the CBA Pathway with any gaps in CBA coverage prior to the date of opt-in, the facility must obtain a waiver from DHCS pursuant to Section 7 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan. Waivers are granted in DHCS's sole discretion, and DHCS may require the facility to make retroactive payments to applicable workers as a term of the waiver. The facility will not be able to complete opt-in through the CBA Pathway if it fails to obtain a waiver, and will default to the basic per diem rate without the workforce rate adjustment.

## **6. Licensed Facility Administrator Information and Signature**

- i. Administrator First Name
- ii. Administrator Last Name
- iii. Administrator Title
- iv. Administrator Phone Number
- v. Administrator Email
- vi. Signature
- vii. Date of Signature

## **Basic Wage and Benefit Opt-In Compliance Attestation Form**

*This is an online form to be filled out and submitted online **after** acceptance into the WSP.*

Facilities participating in the Workforce Standards Program through the Basic Wage and Benefit Pathway are required to submit the [Basic Wage and Benefit Opt-In Compliance Attestation Form](#) within 105 days of the applicable date unless the facility has been granted a compliance extension for good cause in DHCS's sole discretion. For CY 2024, the applicable date is the day that DHCS publishes the facility's updated CY 2024 rate. DHCS will note the applicable date for CY 2024 in the rate file on the [Freestanding Skilled Nursing Facilities and Subacute Units webpage](#). For CY 2026, the applicable date is January 1, 2026.

The Compliance Attestation Form is required to certify that, in accordance with program requirements, the facility began paying and providing basic wages and benefits prospectively within 30 days of the applicable date and provided payment and credit of the basic wages and benefits retroactive to the first day of the rate year within 90 days of the applicable date.

Facilities that receive an approved extension for either compliance deadline are required to submit the [Basic Wage and Benefit Opt-In Compliance Attestation Form](#) no later than 15 days after the extended deadline.

If you have questions about the Workforce Standards Program or opt-in process, please refer to SNF WSP website at <https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx> or send an email to [SNFWSP@dhcs.ca.gov](mailto:SNFWSP@dhcs.ca.gov).

### **1. Rate Year**

- a. 2026

### **2. Facility Information**

- a. Facility Name
- b. Facility Address
- c. Facility City
- d. Facility State
- e. Facility Zip Code
- f. HCAI ID (starts with 206-)
- g. NPI
- h. Tax ID
- i. Representative First Name



- j. Representative Last Name
- k. Representative Title
- l. Representative Phone Number
- m. Representative Email

### **3. Attestation**

- a. Date facility and all related employers began paying and providing basic wages and benefits to all applicable workers.
- b. Date facility and all related employers credited and paid basic wage and benefits retroactive to the first day of the rate year.
- c. Details of any previously requested compliance extensions including whether the request applied to the Section 6(c) or 6(d) deadline, the date requested, the extended deadline requested, and whether DHCS has approved the extension.

### **4. Licensed Facility Administrator Information and Signature**

- a. Administrator First Name
- b. Administrator Last Name
- c. Administrator Title
- d. Administrator Email
- e. Administrator Phone Number
- f. Signature
- g. Signature Date

## **Basic Wage and Benefit Opt-In Compliance Extension Request Form**

*This is an online form to be filled out and submitted online **after** acceptance into the WSP.*

Facilities participating in the Workforce Standards Program through the Basic Wage and Benefit Pathway are required begin paying and providing basic wages and benefits prospectively within 30 days of the applicable date and provided payment and credit of the basic wages and benefits retroactive to the first day of the rate year within 90 days of the applicable date. For CY 2024, the applicable date is the day that DHCS publishes the facility's updated CY 2024 rate. DHCS will note the applicable date for CY 2024 in the rate file on the [Freestanding Skilled Nursing Facilities and Subacute Units webpage](#). For CY 2026, the applicable date is January 1, 2026.

Facilities may submit this Extension Request Form to request an extension of these compliance deadlines for good cause. Extensions are subject to approval in DHCS's sole discretion and will be granted in no more than 30 day increments. Facilities must submit an Extension Request Form prior to the expiration of any required deadline or previously requested extended deadline. Facilities must provide clear and convincing evidence of good cause, such as documentation of communications with Managed Care Plans. Facilities that receive an approved extension for either compliance deadline are required to submit the Basic Wage and Benefit Opt-In Compliance Attestation Form no later than 15 days after the extended deadline.

If you have questions about the opt-in process, please refer to SNF WSP website at <https://www.dhcs.ca.gov/services/medi-cal/Pages/FFSRDD-LTC/SNFWSP.aspx> or send an email to [SNFWSP@dhcs.ca.gov](mailto:SNFWSP@dhcs.ca.gov).

### **1. Rate Year**

- a. 2026

### **2. Facility Information**

- a. Facility Name
- b. Facility Address
- c. Facility City
- d. Facility State
- e. Facility Zip Code
- f. HCAI ID (starts with 206-)
- g. NPI
- h. Tax ID
- i. Representative First Name

- j. Representative Last Name
- k. Representative Title
- l. Representative Phone Number
- m. Representative Email

### **3. Extension Request**

- a. Section 6(c) Deadline Extension Request:
  - i. Applies to the date the facility will begin paying and providing basic wages and benefits to all applicable workers as defined in Section 6(c) of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan.
  - ii. If the facility is requesting an extension for paying and providing basic wages and benefits prospectively within 30 days of the applicable date, click the slider below and enter the proposed date of compliance and a detailed, good cause explanation for the request. The proposed date of compliance cannot be later than 30 days from today's date.
  - iii. Proposed Date of Compliance
  - iv. Good Cause Explanation for Extension
- b. Section 6(d) Deadline Extension Request:
  - i. Applies to the date facility will complete payment and credit of the basic wages and benefits retroactive to the first day of the rate year as defined in Section 6(d) of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan.
  - ii. If the facility is requesting an extension for providing payment and credit of the basic wages and benefits retroactive to the first day of the rate year within 90 days of the applicable date, click the slider below and enter the proposed date of compliance and a detailed, good cause explanation for the request. The proposed date of compliance cannot be later than 90 days from today's date.
  - iii. Proposed Date of Compliance
  - iv. Good Cause Explanation for Extension
- c. Details of any previously requested Compliance Extensions including date requested, the extended deadline requested, and whether DHCS has approved the extension. Reason why previously requested extension date was not met.

- d. Supporting evidence file upload. Facilities must provide clear and convincing evidence of good cause supporting their extension request, such as documentation of communications with Managed Care Plans.
- e. This facility will submit the Basic Wage and Benefit Opt-In Compliance Attestation form within the later of 105 days of the applicable date as defined in Sections 6 of Supplement 6 to Attachment 4.19-D of the California Medicaid State Plan or within 15 days of a later compliance deadline extension.

**4. Licensed Facility Administrator Information and Signature**

- a. Administrator First Name
- b. Administrator Last Name
- c. Administrator Title
- d. Administrator Phone
- e. Administrator Email
- f. Date of Signature
- g. Signature

## Definitions

**Actuarial Value (AV):** The actuarial value of a health benefit calculated as determined pursuant to the Actuarial Standard of Practice No. 50 "Determining Minimum Value and Actuarial Value under the Affordable Care Act" adopted by the Actuarial Standards Board September 2015.

**Applicable Worker:** With respect to a facility, an employee of the facility or an employee of a related employer of the facility who meets all the following criteria:

- Is a direct care or indirect care worker,
- Is not exempt from an overtime rate of compensation pursuant to state or federal law,
- Primarily works on the premises of the licensed facility,
- Is not primarily employed by a non-related entity for the provision of services on the premises of the licensed facility.

**Authorized Representative:** A person or entity authorized by the licensed facility or labor organization to act on behalf of the facility or labor organization for the purposes of the Workforce Standards Program.

**"Benchmark Plan":** the employee-only health benefit plan offered by the facility or related employers to a full-time applicable worker with an actuarial value of at least 80 with the lowest cost gross premium. For health benefit periods beginning prior to July 1, 2024, if the facility or a related employer do not offer a plan with an actuarial value of at least 80 to a full-time applicable worker, the benchmark plan shall be the employee-only health benefit plan offered by the facility to the full-time applicable worker with the highest gross premium.

**Benefit Design:** Type of health benefit plan such as a preferred provider organization (PPO), exclusive provider organization (EPO), or health maintenance organization (HMO).

**Direct Care Worker:** A worker at a facility who is primarily responsible for any of the following: nursing services, social services, or activities, and other duties related to direct care, as described in the direct resident care labor cost category at Welfare and Institutions Code section 14126.023, subdivision (d), paragraph (1). The worker can either be part-time or full-time employed by the facility.

**Facility:** A freestanding skilled nursing facilities level-B (FS/NF-B) and subacute care units of FS/NF-Bs eligible to receive reimbursement pursuant to Supplement 4 to Attachment 4.19-D of the California State Plan. With respect to standards applying to a

facility's applicable workers, the term "facility" also includes each of the facility's related employers. With respect to participation in a labor-management committee, the term "facility" also means a related entity duly authorized to act on behalf of the facility.

**Full Time Worker:** A worker who is employed an average of at least 30 hours per week within a calendar month, or at least 130 hours per calendar month.

**Gross Monthly Premium:** The cost of the premium for the health benefit before the employer contribution.

**HCAI ID:** [California Department of Health Care Access and Information](#) identification number, a 9-digit number starting with "206-".

**Health Benefit Account:** A health savings account, flexible spending account, health reimbursement arrangement, or other similar benefit that allows the applicable worker to be reimbursed for medical expenses with funds deposited in the account.

**Health Benefit Year:** The 12-month period of benefits coverage under an employer health benefit plan.

**Indirect Care Worker:** A worker at a facility who is primarily responsible for any of the following: housekeeping, laundry and linen, dietary, medical records, in-service education, plant operations, or maintenance, and other duties related to supporting the delivery of patient care, as described in the indirect resident care labor cost category at Welfare and Institutions Code section 14126.023, subdivision (d), paragraph (2).

**Licensed Facility Administrator:** The individual licensed to carry out the policies of the nursing home, in accordance with California Health and Safety Code, Section 1416.

**NPI:** National Provider Identifier.

**Recognized Labor Organization:** A labor organization that has been certified by either the National Labor Relations Board (NLRB) or the California Public Employment Relations Board (PERB).

**Related Employer:** A person who both:

- Directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person primarily working on the premises of a facility.
- Is related to the facility as defined in Section 413.17(b) of Title 42 of the Code of Federal Regulations.

**Non-Related Employer:** A person other than a facility or a related employer who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person primarily working on the premises of a facility.

**Rate Year:** A given rate year is based upon the calendar year. For example, rate year 2024 corresponds with the 2024 calendar year.

**Required Employer Contribution:** For Calendar Year 2024, the gross premium of the benchmark health benefit, times 70 percent, times the sum of one plus the quotient of the difference of eighty minus the actuarial value of the benchmark plan divided by the actuarial value of the benchmark plan, as described in this formula:  $\text{Benchmark Plan Gross Premium} \times 70\% \times (1 + (80 - \text{Benchmark Plan AV}) / \text{Benchmark Plan AV})$

**Skilled Nursing Facility:** California-Licensed Skilled Nursing Facility as defined in subdivision (c) of Section 1250 of the Health and Safety Code.

**Stipend:** A payment to an employee made on at least a monthly basis.

**Tax ID:** Tax identification number.

**Unique Worker:** Individual worker employed by the skilled nursing facility or the facility's related and non-related employers.