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State of New York Department of Health —FLSA Survey

In order to support the analysis of the policy changes related to the Fair Labor Standards Act (FLSA) and potential adjustment to the reimbursement and capitation rates for the New York State Medicaid programs, the New York State Department of Health (DOH) seeks to gain additional information regarding the impact of this policy change to the current and future operations of providers of home care and Consumer Directed Personal Assistance Programs (CDPAP).

DOH seeks relevant information highlighted in this request and intends to utilize this information to form the basis for the determination of appropriate program change adjustments to fee schedules and/or capitation rates. Therefore, you should populate this document with verifiable data and information as it is known by your organization at the time of submission. Accurate and complete information is necessary to prepare a complete analysis by the State.

This information request should be completed by all home care providers unless the provider contracts out all personal care and home health services. In those circumstances, the subcontractor shall complete the survey. Example: Certified Home Health Agency contracts to Licensed Home Care Services Agency (LHCSA). The LHCSA should complete the survey.

Any questions regarding this information request can be directed to a representing provider association. Any unanswered questions can be directed via email to NY.FLSA@mercer.com.

The completed survey should be submitted on or before **Friday, August 26, 2016** in order for the submission to be considered.

All information should be completed relevant to your business with New York Medicaid fee-for-service and Medicaid managed care organizations (MCOs), including mainstream and long-term care plans. Please provide requested information for calendar year 2014 and for the period October 2015–March 2016.

If you are unable to provide the breakout between Personal Care and Home Health Aides, please insert the combined information on the Personal Care line.

1. *Provider Name

2. *Provider ID



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Region	Counties
New York City (NYC)	Bronx, Kings, New York, Queens, and Richmond
Long Island and Westchester	Nassau, Suffolk and Westchester
Mid-Hudson/ Northern Metro	Dutchess, Orange, Putnam, Rockland, Sullivan, and Ulster
Northeast/Western	Albany, Erie, Fulton, Genesee, Madison, Monroe, Montgomery, Niagara, Onondaga, Orleans, Rensselaer, Saratoga, Schenectady, Warren, Washington, and Wyoming
Upstate	Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Oneida, Ontario, Oswego, Otsego, Schoharie, Schuyler, Seneca, Steuben, St. Lawrence, Tioga, Tompkins, Wayne, and Yates

Where regional information is required, please refer to the county to region crosswalk above based on the place the service occurred. If you are unable to report in this level of detail, please estimate/allocate based on available data.

General

- Please provide the total hours for personal care, home health aides, and consumer directed personal assistance program services (CDPAP) for all Medicaid programs including managed care and fee-for-service.**

Please segregate hours by region and in total.

Calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- October 2015 - March 2016:**

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Overtime

Please provide the overtime hours (hours >40/week) for personal care, home health aides, and CDPAP for all Medicaid programs including managed care and fee-for-service. If you are unable to report Medicaid only, please estimate the amount of hours related to Medicaid clients based on a logical metric such as the percentage of Medicaid funding to total funding. Segregate hours by region and in total and include all overtime hours whether incurred while providing care, attending in-services, travel, etc.

5. Calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. October 2015 - March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Prior to October 2015, did you pay overtime hours based on the caregiver's base hourly rate or New York State Minimum wage?

Select:





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What is the average base hourly rate paid to the caregiver (hourly rates/caregivers for the reporting period) for the following:

8. Calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. October 2015 - March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Please provide the total number of unduplicated Medicaid clients receiving personal care, home health aide, or CDPAP services.

10. Calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. October 2015 - March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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If your agency provides live-in services, please provide the information below that is included in questions 10 and 11 above. If you do not provide live-in services, please go to the next question.

For purposes of this survey, live-in cases are defined as follows:

A "Live-in" is an individual who primarily works 13 hours per day, with 5 hours of uninterrupted sleep, which counts as 8 hours total sleep, and 3 one-hour meals. If this routinely cannot be met, the individual must be reassessed and, if necessary, increased hours or continuous care provided. *New York Code, Rules and Regulations, 18 NYCRR 505.14(a)(4)*

12. Calendar year 2014:

	NYC	Long Island/Mid-Hudson/Northeast/ Westchester	Northern Metro	Upstate Western	Total
Number of Clients being served with a live-in caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of total paid care givers employed during the period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of paid care givers who are providing live-in services during the period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If available, the actual (or estimated if not reported) count of live-in caregivers who worked more than 13 hours/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If available, the estimated additional hours per day for which you would have been required to pay the caregiver due to FLSA, for workers working more than 13 hours/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. October 2015 - March 2016:

	NYC	Long Island/Mid-Hudson/Northeast/ Westchester	Northern Metro	Upstate Western	Total
Number of Clients being served with a live-in caregiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of total paid care givers employed during the period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The number of paid care givers who are providing live-in services during the period	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If available, the actual (or estimated if not reported) count of live-in caregivers who worked more than 13 hours/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If available, the estimated additional hours per day for which you would have been required to pay the caregiver due to FLSA, for workers working more than 13 hours/day	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


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Travel, Mileage and Travel Expenses

If during the reporting periods you paid caregivers for travel time, travel expenses, and/or mileage between clients as well as to attend in-services, competency testing and disciplinary meetings, etc. before or after clients, please respond to the following:

14. When did you begin paying for travel time between clients?

MM/DD/YYYY

 **15. Do you currently reimburse caregivers for mileage?**

- Yes
- No

16. If no, did you reimburse for mileage prior to the FLSA changes effective October 2015?

- Yes
- No

17. If yes, how is the mileage rate determined?**18. How often is the mileage rate updated?****19. Please provide your most recent mileage rate****20. Do you currently reimburse caregivers for travel expenses?**

(This question does not include wages paid for travel time)

- Yes
- No

21. If no, did you reimburse for travel expenses prior to the FLSA changes effective October 2015?

- Yes
- No

22. Does the travel policy vary by region?

- Yes
- No



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23. Average mileage rate (excluding public transportation expenses) paid during the reporting period for calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. Total number of travel hours paid to caregivers for calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Average hourly rate paid to the caregiver for travel hours for calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Travel expenses, including public transportation expenses, incurred during the reporting period, excluding wages paid to caregivers for travel time, for calendar year 2014:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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27. Average mileage rate (excluding public transportation expenses) paid during the reporting period for October 2015 – March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

28. Total number of travel hours paid to caregivers for October 2015 – March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

29. Average hourly rate paid to the caregiver for travel hours for October 2015– March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Statewide Average
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

30. Travel expenses, including public transportation expenses, incurred during the reporting period, excluding wages paid to caregivers for travel time, for October 2015 – March 2016:

	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
Personal Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Health Aide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CDPAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Please list any additional annual recurring administrative costs (training as a direct result of FLSA, FLSA recordkeeping, additional recruiting due to FLSA, etc.) you have begun to incur or expect to incur directly as a result of the FLSA changes. Please do not include any one-time expenses. If you are unable to report these costs by region, please report in the total column.

31. Estimated annual recurring administrative expenses:

	Description	NYC	Long Island/ Westchester	Mid-Hudson/ Northern Metro	Northeast/ Western	Upstate	Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Other							



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32. Optional: If you have made changes to your business practices as a result of the FLSA changes, please explain below and quantify the estimated annual impact.

Example: Our agency has altered the overtime policy or adjusted staff caseload to limit overtime hours. We expect this to reduce our overtime hours by 20%.

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Formats ▾	Font Family ▾	Font Sizes ▾										

Each provider must provide an attestation as part of its response. Please complete the attestation below. If an attestation is not completed, survey response will not be considered.

33. *By entering my name below, I hereby certify that all answers provided in this survey are truthful, complete and accurate to the best of my abilities.

34. *Position Title

35. *Email Address

36. *Phone Number

Thank you for taking the survey. Please click Submit below to complete the survey.