

## Performing Provider System (PPS) Workforce Assessment Instructions

The Center for Health Workforce Studies (CHWS) and the AHI PPS are documenting your current staffing and staff's compensation and benefits as part of required DSRIP reporting. Please complete the fillable pdf(s) to the best of your ability.

All record-level compensation and benefits data are confidential. Any compensation and benefits data reported publicly or to the PPS will be provided only in the aggregate and will not identify specific organizations. Additionally, anti-trust provisions will be followed. Compensation and benefits data will not be reported when there are less than five respondents in a category or when one organization represents more than 25% of the aggregated number. Additionally, all compensation and benefits data will not be reported until it is at least 90 days old.

If you have not done so already, please save this file to your computer using a name unique to your PPS network, organization, and location (e.g., *PPS\_Organization\_Address* or *AHI\_JohnDoePhysicians\_46MainSt.*) Once completed, the saved form can be emailed back to CHWS, addressing the email with the completed attached PDF form(s) to [surveys@chwsny.org](mailto:surveys@chwsny.org).

You may skip job titles not employed at your facility or organization. Additionally, **the assessment must be completed for each facility type separately if your organization has multiple licenses/facility types (acute care, primary care, skilled nursing, etc.). However, please do not duplicate employees across assessments.** *Please only share employee data for those working in counties within the AHI PPS.*

***Please complete the assessment using your personnel data as of September 30, 2017.  
All responses are due back by November 3, 2017.***

### Required Information (Section I):

- Please provide your **Organization / Facility Name**, Facility **Street Address**, **City/Town** facility is located in, **Primary Contact Name**, **Zip Code**, **Email Address**, and **Phone Number**.
  - Note: 'Street address' refers to physical service site that the PPS' contact works from. 'Primary Contact' refers to the name of the primary person responsible for the assessment.
  
- **Facility Type:** Select the type of facility your location is classified as from the drop-down menu. If you choose "Other (specify)", please specify the type of facility in the text box provided. If you do not know how your facility is being classified, check with your PPS(s).

Facility Type	Definition
<b>Article 16 Clinics (OPWDD)</b>	Any facility that provides clinical services to individuals with developmental disabilities licensed under Office of People with Development Disabilities (OPWDD) law. They provide rehabilitation/habilitation services, medical/dental services, and health care services (i.e. nursing, dietetics and nutrition, audiology, podiatry). They do <u>NOT</u> provide residential services. OPWDD licensed agencies providing residential services would account for that staff under "other."
<b>Article 28 Diagnostic &amp; Treatment Centers (FQHC)</b>	Any free-standing facility that provides care services licensed under New York State Department of Health law. These include dialysis clinics, ambulatory surgery centers, federally qualified health centers that are funded through Section 330 of the federal Public Health Service Act, rural health centers, comprehensive outpatient rehabilitation centers, and outpatient physical therapy and speech pathology centers. These <u>do not</u> include private physician offices or hospital-operated outpatient clinics.
<b>Article 28 Hospital Outpatient Clinics</b>	Any outpatient care center licensed under New York State Department of Health law and running under a hospital's operating certificate. Includes those that are on the hospital campus as well as those that are off-campus.
<b>Home Care Agencies / Hospices</b>	Any agency that offers services to patients in their home that promote, maintain, or restore health or lessen the effects of illness and disability and end of life care. The services offered often include nursing care, speech, physical and occupational therapies, home health aide

	services and personal care aide services. Would include certified home health agencies (CHHAs), licensed home care service agencies (LHCSAs), long term home health care providers (LTHHCPs), and hospices.
<b>Article 28 Hospital Inpatient / ER</b>	Any facility offering inpatient acute care services licensed under New York State Department of Health law, including emergency department care. This includes critical access hospitals but does not include urgent and stand-alone emergency departments unless running under a hospital's operating certificate.
<b>Article 31 Inpatient Services for Individuals who are Mentally Disabled</b>	Any facility providing clinical services to individuals with mental disabilities licensed under the Office of Mental Health. This includes abnormal neurological development and behavioral disabilities. The services offered must be on an admitted inpatient basis. This does <u>NOT</u> include individuals that are admitted to inpatient services due to substance abuse.
<b>Article 32 Inpatient Services for Individuals with Substance Abuse Issues</b>	Any facility providing services to individuals with chemical dependences or with compulsive gambling addictions licensed under the Office of Alcohol and Substance Abuse Services. The services offered must be on an admitted inpatient basis. This does <u>NOT</u> include individuals that are admitted to inpatient services due to other behavioral health diagnoses.
<b>Non-Licensed Community-based Organizations (CBOs)</b>	A non-profit organization, that offers social services or health care services to patients when those services not licensed by the New York State Department of Health (Article 28), Office of Alcohol and Substance Abuse Services (Article 32), Office of People with Developmental Disabilities (Article 16), or Office of Mental Health (Article 31).
<b>Article 28 Nursing Home / Skilled Nursing Facilities (SNFs)</b>	Any facility that offers long-term lodging and board to individuals who are elderly or those with long-term functional disabilities such as individuals with Alzheimer's disease or individuals with traumatic brain injuries (TBI). These facilities must have 24 hours-per-day nursing care and must also include diagnostic, dietary, and pharmacy services and may offer physical therapy, occupational therapy, speech pathology, audiology, and dental services.
<b>Article 31 Outpatient Services for Individuals who are Mentally Disabled</b>	Any facility providing outpatient clinical services to individuals with mental disabilities licensed under the Office of Mental Health. This includes abnormal neurological development and behavioral disabilities. This does <u>NOT</u> include individuals that receive services due to substance abuse.
<b>Article 32 Outpatient Services for Individuals with Substance Abuse Issues</b>	Any facility providing outpatient services to individuals with chemical dependences or with compulsive gambling addictions licensed under the Office of Alcohol and Substance Abuse Services. This does <u>NOT</u> include individuals that receive outpatient services due to other behavioral health diagnoses.
<b>Private Provider Practice</b>	Any independent outpatient or ambulatory provider practice, including physicians, nurse practitioners, social workers, chiropractors, podiatrists, psychologists, etc. that are <u>NOT</u> owned by hospitals, federally qualified health centers, or other organizations covered by these definitions.
<b>Other</b>	Any agency or organization not covered by other definitions, including foundations, county health departments (exclusive of a home care agency), residential care facilities, etc.

• **Indicate if your organization has a single location or multiple site locations**

- **Single Site Location:**
  - If you only have a single site location then the 'Street Address' and 'City/Town' should match the information provided in Section I.
- **Multiple Site Locations:**
  - If your organization is spread across more than one location, select 'multiple sites'. Additional information will need to be provided regarding these sites in Section III (pg. 6).

**Reminder:** Each organization is expected to complete one assessment for each *facility type*. You may either complete one assessment per site or, if all employment information is available to the assessment contact, you may combine staff across multiple sites, as long as they are of the same *facility type*.

- **Fringe Benefit Rate (%):** Fringe benefits include payment for accrued time, health benefits, retirement, etc. If rate is the same for all employees, check 'Yes', then type in the rate in the freeform box. If rate varies by title, check 'No', then indicate the average rate per title in the appropriate rows.

## Section II

Under each occupational category is a list of job **Titles**. Please check the box to the left of the job titles only if your facility employs at least one person with that title. Review the job title descriptions. An Excel file is attached to your email for clarification on the appropriate job title based on function. For each **Title**, we ask that you complete the following data elements as of September 30<sup>th</sup>, 2017.

❖ **Please only include contracted physicians who receive a paycheck from the facility while being clear that medical staff physicians who have privileges to provide care but do not receive direct compensation from the hospital or other facility should not be included as they would be included by the organization that provides their compensation.**

- **Number of Staff** (*Individuals Employed, #*): The number of staff in each title, excluding positions filled by agency or temporary staff.
- **FTEs** (*Full Time Equivalent, #*): The number of full-time equivalents (FTEs) in each title, excluding positions filled with agency or temporary staff.
- **Vacancies/Intended to Fill (FTEs)** (*Vacancies/Intend to Fill, # of FTEs*): The number of FTEs that are vacant and currently being recruited for. Positions that are staffed temporarily by agency or other employees that would be considered vacant.
- **Anticipated Retirements in 2018 (in FTEs)** (*Anticipated Retirements in 2018, #FTE*): The number of FTEs that are anticipated to retire in 2018.
- **Anticipated New/Added Positions in 2018 (in FTEs)** (*Anticipated newly Created Positions in 2018, #FTE*): To the best of your ability, please provide the number of new positions that will be created (in FTEs) in 2018 for the specific job title.
- **Average Hourly Wage** (*Average cash compensation rate, \$*): The average hourly wage for each title. Wages should be reported as an hourly rate. Wages should include base rate, cost-of-living allowance, and longevity pay. Please **exclude** bonuses, reimbursements, allowances, shift differential, overtime pay, uniform allowance, or on-call pay.
- **Fringe Benefit Rate (%)** (*Benefits, as a percentage of compensation*): The fringe benefit rate for the individual titles, if different than the facility rate. See instructions above for filling column correctly.
- **CBA**: Indicate if the specific job title for this location are covered by a collective bargaining agreement. If any of your employees for a specific job title are covered under a collective bargaining agreement, please check the box provided in the appropriate column to indicate this.

*\*Please Note: We are collecting data on nurse managers/supervisors and registered nurses (staff) by degree type (associate degree, bachelor's degree, and master's degree) and in total. If you know the level of education of your staff, please account for them in the appropriate cells. However, if you do not know the level of education for all of these positions, account for them using the 'all' category. **DO NOT fill in both categories for nurse managers/supervisors and registered nurses (staff) as this will result in your staff being double counted\****

## Section III

This section is reserved for contacts who indicated in Section I that they were responding for multiple sites. The number highlighted rows reflect the additional number of sites listed in Section I. For example, if in Section I you marked 'A Single Site' to the question, single vs. multiple locations you will notice that the section is not highlighted, and therefore, have finished the assessment. If, however, you chose 'Multiple Sites' and listed '4' in response to "How many" you will notice that three rows are highlighted for completion. The address listed in Section I is included in the total count; please do not repeat it in Section III.

Contact Lauren Boyd at (518) 402-0250 or [lboyd@albany.edu](mailto:lboyd@albany.edu) with any questions that cannot be answered through our [website](#). Instructions for submission can be found at the end of the assessment.

Responses are due back no later than **November 3<sup>rd</sup>, 2017**.

**Thank you for your assistance in completing this assessment!**