

HEALTH & WELFARE

PAUL J. LEARY - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0009 PHONE: (208) 334-5747 FAX: (208) 364-1811

March 15, 2012

MEDICAID INFORMATION RELEASE 2012-04

To:

All Nursing Facility and ICF/ID Administrators

From: N Paul J. Leary, Administrator

Subject:

Information Request Related To Wage Determination

Each year the Idaho Department of Health and Welfare gathers information from all nursing facilities (including hospital-based facilities) and intermediate care facilities for persons with intellectual disabilities (ICF/ID) to determine wage data for select employees in the nursing home industry.*

If you were a Medicaid provider on or before March 15, 2012, you must complete the attached certification according to the attached instructions and return the required information to:

Myers and Stauffer LC 8555 West Hackamore Drive, Suite 100 Boise, ID 83709-1693 Fax: (208) 378-0660

You must respond by April 20, 2012.

If you have questions, please contact Myers and Stauffer at (800) 336-7721. Thank you for participating in Idaho Medicaid.

PJL/rs

Attachments

^{*} IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02

Information Release 2012-04 March 15, 2012 Page 2 of 4

INFORMATION REQUEST INSTRUCTIONS

(Please read carefully as strict adherence to these standards is required)

As of March 15, 2012, we are requesting the following information regarding select staff at all nursing facilities (including hospital-based facilities) and intermediate care facilities for individuals with intellectual disabilities (ICF/ID).*

You must submit the following information to Myers and Stauffer no later than April 20, 2012.* Early submissions are greatly appreciated.

- Employee Name: Include only the name or identifier for each employee (e.g., ID number). Do not include employee social security numbers.
- Employment Class: Do not send information for staff who are not involved in the routine, direct care of residents who receive long-term care (e.g., physical therapy, occupational therapy, speech therapy, restorative aides, staff development, social service, activities, health information, administration, or ward clerks). Include and assign only the staff that fall into these categories:
 - Registered Nurses (indicate Director of Nursing, Mini Data Set (MDS) staff, Care Manager, etc.)
 - Licensed Practical Nurses
 - o Qualified Intellectual Disabilities Professional (ICF/IDs only)
 - Certified Nurse Aides
 - Nurse Aides
 - o Therapy Technicians (ICF/IDs only)
 - o Dietary Aide
 - o Housekeeping Aide
 - o Laundry Aide
- Hourly Wage: Include only the hourly wage. If the individual is paid a salary, please convert it to an hourly wage (full time = 2,080 hours/year).
- Weekly Hours: Include the number of hours that the individual works in an average work week and round figures to the nearest hour. Include Pro Re Na (PRN) staff only if a weekly average can be determined.
- Time Frame: The wage data must be the rate paid as of March 15, 2012. Do not include personnel hired after this date.

^{*} According to IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02

Information Release 2012-04 March 15, 2012 Page 3 of 4

• Format: Electronic files must be in a standard spreadsheet format. Fax or mail a printout of the file, which must include the signed certification page below, to Myers and Stauffer LC. In addition, please email electronic files directly to **valc@mslc.com** or submit them on another electronic media. No subtotals or summarizations are necessary. A sample printout is included for your reference.

Note: a payroll schedule will not satisfy the requirements of this request.

Design your printed report according to the following layout:

Employee Name	Employment Class	Hourly Wage	Avg. Weekly Hours
John Doe	Certified Nurse Aide	\$9.65	36

• Certification: The cover sheet/certification page below must be completed, signed, and attached to the printed information requested above.

Information Release 2012-04 March 15, 2012 Page 4 of 4

STATE OF IDAHO DEPARTMENT OF HEALTH AND WELFARE

* * *

PERSONNEL LISTING WITH WAGE DATA

REQUESTED TO COMPLY WITH

I.	DAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02 * * *	

	AS OF MARCH 15, 2012	
-	(Name of Facility)	
-	(Address)	
-	(City, State, Zip)	
-	(Medicaid Provider Number)	
I certify that, to the best of m of the facts.	y knowledge, the information reflected herein	is an accurate representation
	Administrator Signature	_
	Print or Type Name	_
	Date	

Phone Number

IDAHO MEDICAID MIR 2012-04 REQUESTED WAGE & HOUR INFORMATION (as of March 15, 2012)

Provider Name:						Medicaid Provider #:				
	Employee Name			Employment Class			Wage per Hour		Average Hours per Week	
						· · ·				