Questions regarding this survey should be directed to Jeff Bostic at LeadingAge Minnesota.

Phone: (651) 603-3509 or toll-free 1-800-462-5368. Email: jbostic@leadingagemn.org

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| --- | --- | --- | --- |
| **Question 1: Facility Information** | | | |
| Facility Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| City | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Contact Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone | (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_ |

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| **Question 2: Vacant Positions - Please fill in total current budgeted FTE positions even if you have no vacancies** | | |
| For this question the term ***FTE*** is defined as Full Time Equivalent - any position that is at least 40 hours per week. Also, this information should be as of the date of the survey.  A FTE is calculated as follows: number of hours each week for each position divided by 40 hours (i.e. 60 hours per week divided by 40 hours = 1.50 FTE’s). | | |
|  | **Enter the current number of vacant FTE positions by job class (i.e. the number of positions unfilled by FTE employees)** | **Enter the current number of budgeted FTE positions by job class** |
| RN |  |  |
| LPN |  |  |
| NAR/TMA |  |  |
| Dietary Aides |  |  |
| Housekeeping and Laundry |  |  |

|  |  |
| --- | --- |
| **Question 3: Vacant Positions – What are the reasons that you have vacant (or open) positions (check all that apply)?** | |
| No applicants | No qualified applicants |
| Competition with other employers | Non-competitive wages and benefits |
| Unable to hire 16 and 17 year olds | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
| **Question 4: Vacant Positions – What strategies, besides hiring, have you used to have your facility properly staffed** | | | | | |
| Used nursing pool | | Utilized double shifts/overtime (voluntary) | | | |
| Utilized immigration options | | Utilized mandatory double shifts/overtime | | | |
| Stopped admissions | | Changed job duties and functions | | | |
|  | | | | | |
| **Question 5: Turnover Data for  10-1-2014 to 9-30-2015** | RNs | | LPNs | NAR/TMA | Dietary Aides |
| Number of Employees who worked in each position in the 10-1-2014 to 9-30-15 Period |  | |  |  |  |
| Number of People on Payroll at Year End 9-30-2015 |  | |  |  |  |

|  |  |
| --- | --- |
| **Question 6:** **Admissions and Staffing** | |
| Over the past 12 months, how would you characterize your facility’s ability to accept admissions due to availability of staff? | \_\_\_\_\_\_ Availability of Staffing has never limited our admissions  \_\_\_\_\_\_ Availability of Staffing has caused us to occasionally deny an admission  \_\_\_\_\_\_\_ Availability of Staffing has caused regular disruption in our ability to accept admissions |
| In sum, over the last 12 months, approximately how many admissions has your facility denied due to insufficient staffing? | \_\_\_\_\_\_\_\_\_\_\_\_ |

| **Question 7: Health Insurance Questions** | | | | |
| --- | --- | --- | --- | --- |
| 1. Number of enrollees in Employer Sponsored Health Insurance Plan | Full-Time (defined as averaging 30 hours or more per week) | Part-Time | | Family / Dependents Enrolled |
| 2014 |  |  | |  |
| 2015 |  |  | |  |
| 2016 (if known) |  |  | |  |
|  | | | | | |
| Changes to Health Insurance Plan Made in Most Recent Plan Year | Yes | No | | Don’t Know | |
| 1. Instituted a health insurance plan after not having one |  |  | |  | |
| 1. Employer began contributing to Health Savings Account (HSA) |  |  | |  | |
| 1. Expanded coverage to a larger group (i.e. families, part-time employees) |  |  | |  | |
| 1. Reduced costs to participants (i.e. lower deductible and/or premium) |  |  | |  | |
|  | | | | | |
| Specific Health Insurance questions | Yes | No | | Don’t Know | |
| 1. Does your nursing facility offer health insurance coverage to retirees? |  |  | |  | |
| If yes, how many retirees are currently enrolled/covered? | | |  | | |
| If yes, what is the cost per enrollee? | | |  | | |
|  | | | | | |
|  | Yes | No | | Don’t Know | |
| 1. Do you offer a plan that includes an HSA for employees? |  |  | |  | |
| If yes, does the employer make a contribution to the HSA? |  |  | |  | |

| **Question 8: Pool Staffing Agencies (SNSA / Supplemental Nursing Services Agency)** | | | |
| --- | --- | --- | --- |
|  | Yes | No | Don’t Know |
| 1. Have you used any pool staff in calendar year 2015? |  |  |  |
| If Yes, what types of staff | Yes | No | Don’t Know |
| RNs |  |  |  |
| LPNs |  |  |  |
| NARs |  |  |  |
|  | | | |
|  | Yes | No | Don’t Know |
| 1. If you have used pool staff, to your knowledge were any of those staff traveling over 100 miles from home to work in your facility? |  |  |  |
| 1. If you have used pool staff, is the corporate office of any of the agencies you have used located outside of the State of Minnesota? |  |  |  |
|  | | | |

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| --- | --- | --- | --- |
| **Question 9: Wage Increase Questions** | | | |
| With the passage of the Value Based Reimbursement system facilities will be able to act to be more competitive on wages. What has your facility done as far as providing wage increases? Check all that apply. | Yes | No | Don’t Know |
| 1. Provided wage increase prior to new rates on January 1, 2016 |  |  |  |
| 1. Provided wage increase along with new rates on January 1, 2016 |  |  |  |
| 1. Will provide wage increase after January 1, 2016 |  |  |  |
|  | | | |
| Considering all of the increases above (A through C) | Yes | No | Don’t Know |
| 1. Did you provide the same % increase to all employees? |  |  |  |
| * If yes, what was the percentage? |  | | |
| * If no, what was the approximate % increase across all employee types? |  | | |
| * If no, what employee group received the largest increase? |  | | |

| **Question 10: Adding staff and programs** | | | |
| --- | --- | --- | --- |
| With the passage of Value Based Reimbursement (VBR) have you made investments that: | Yes | No | Don’t Know |
| 1. Resulted in a net increase of new employee positions. |  |  |  |
| * If yes, what positions? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. Resulted in a net increase in paid hours? |  |  |  |
| * If yes, what positions? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. Increased Retirement Benefits |  |  |  |
| 1. Improved the Building and physical plant |  |  |  |
| 1. Added long-term disability insurance benefit or increased coverage |  |  |  |
| 1. Increased funding for staff education and training |  |  |  |
| 1. Added dental insurance benefit or increased coverage |  |  |  |
| 1. Increased funding for resident activities and/or transportation |  |  |  |

| **Question 11: Scholarship Program Expansion** | | | |
| --- | --- | --- | --- |
| With the passage of the Value Based Reimbursement system facilities are able to make changes to enhance their employee scholarship programs. What has your facility done as far as changing that program? | Yes | No | Don’t Know |
| 1. Extend eligibility to employees working between 10 and 20 hours per week |  |  |  |
| 1. Reimburse participants for child care costs associated with attending their educational program |  |  |  |
| 1. Reimburse participants for transportation costs associated with attending their educational program |  |  |  |
| 1. Reimburse employees for the monthly cost of their routine student loan payments |  |  |  |
|  | | | |
| * How many participants are in your scholarship program as of today? |  | | |
| * How many participants did you have in your scholarship program a year ago? |  | | |

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| --- | --- | --- |
| **Question 12: Single Room Charges** | | |
| Does your facility (check only the line next to A or B, plus one of the lines under A if appropriate) | 1. \_\_\_\_\_\_\_\_\_\_\_\_ Elect to be limited to charging no more than the DHS calculated 10% single room charge for private pay.   (if this is your facility, please stop here and go to Question 12) | |
| B. \_\_\_\_\_\_\_\_\_\_\_\_ Elect to be free to charge whatever the private pay market will bear for a single room and may receive the 11.5% medical necessity payments for MA clients (also referred to as the Single Room Election) | |
| As of January 1, 2016 how does your facility determine the charge for a single room (check the option that applies)? | \_\_\_\_ A fixed percentage is used to calculate the single room charge | What is that percentage? \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ A fixed dollar amount is added to the private paying residents rate | What is that dollar amount? \_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_ The amount added to the private paying resident's private room rate depends on the room |  |
| \_\_\_\_ Do not charge differential to private pay |  |

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