

Provider Name: _____

**NURSING FACILITY SERVICES BUREAU
PART A
FISCAL YEAR 2017 LUMP SUM PAYMENT FORM**

		FY 2017 as of July 1, 2016										
Code #	Code Description	A	B	C	D	E	F	G	H	I	J	K
Worker Type	Worker Type	Total Lump Sum Distribution per Worker	Estimated Benefits per Worker	Total Lump Sum and Benefits per worker	FTE	Number of Employees	TOTAL LUMP SUM COLUMNS A X E	TOTAL BENEFITS COLUMN B x E	TOTAL LUMP SUM AND BENEFITS COLUMN C x E	DISTRIBUTION FOR AUGUST 2016 COLUMN H DIVIDED BY TWO	DISTRIBUTION FOR JAN 2017 COLUMN H DIVIDED BY TWO	EFFECTIVE DATE OF DISTRIBUTION TO WORKERS
1	CNA											
2	LPN											
3	RN											
4	ACTIVITIES											
5	SOCIAL SERVICES											
6	HOUSEKEEPING											
7	LAUNDRY											
8	FEEDING ASSISTANT											
9	DIETARY											
10*	OTHER											
11*	OTHER											
12*	OTHER											
TOTALS												

Worker Type: For each worker type that the facility is provided funding complete Columns A through H. Identify the Worker Type for Rows 10,11, &12 if applicable

Column A: Identify the Total Lump Sum Distribution to per worker for each direct care and ancillary worker type.

Column B: Identify the Estimated Benefits per worker on the Lump Sum Distribution in Column A.

Column C: Identify the Total Lump Sum Distribution and Estimated Benefits per worker (Column A + Column B).

Column D: Identify the Actual Full Time Equivalents (FTEs) for each worker type (divide the number of hours provided for the year by 2080).

Column E: Indicate the number of employees (people) that fill the FTEs in column D

Column F: Multiply column A by column E.

Column G: Multiply column B by column E.

Column H: Multiply column C by column E

Column I: August 2016 Lump sum Distribution to Facility: Divide Column H by two (2)

Column J: January 2017 Lump Sum Distribution to Facility: Divide Column H by two (2)

Column K Provide the effective date of distribution to workers

Provider Name: _____

**NURSING FACILITY SERVICES BUREAU
PART B
FISCAL YEAR 2017 WAGE AND BENEFITS INCREASE FORM**

		Actual FY 2016 as of June 30, 2016 or before						Projected FY 2017 as of July 1, 2016 or after								M	N	O	
		A	B	C	D	E		F	G	H	I	J	K	L	FY 2016	FY 2017	Average Entry Level Wage FY 2016	Average Entry Level Wage FY 2017	EFFECTIVE DATE OF WAGE INCREASE TO WORKERS
Code #	Code Description Worker Type	Average Hourly Wage	Average Benefit* Percent or Amount	Average Hourly Wage & Benefits	FTE	Number Employees		Average Hourly Wage	Average Benefit* Percent or Amount	Average Hourly Wage & Benefits	FTE	Number Employees	Total Payroll	Total Payroll			6/30/2016	7/1/2016	
NURSING FACILITIES																			
1	CNA																		
2	LPN																		
3	RN																		
4	ACTIVITIES																		
5	SOCIAL SERVICES																		
6	HOUSEKEEPING																		
7	LAUNDRY																		
8	FEEDING ASSISTANT																		
9	DIETARY																		
10	OTHER																		
11	OTHER																		
12	OTHER																		
TOTALS																			

Worker Type: For each worker type that the facility is provided funding complete Columns A through H. Identify the Worker Type for Rows 10,11, &12 if applicable

Column A: Indicate the Average Hourly Wage for each worker type for FY2016

Column B: Indicate the Average Benefit percent or amount paid for each worker type for FY 2016. Must use either all percents OR all amounts for all categories!

Column C: Indicate the Average Wage & Benefits for all workers within this type for FY2016.

Column D: Indicate the number of Full Time Equivalent (FTEs) for each worker type for FY 2016, (divide the number of hours provided for the year by 2080).

Column E: Indicate the number of employees (people) that fill the FTEs in column D

Column F: Indicate the Average Hourly Wage for each worker type for FY 2017 (assuming you receive the direct care wage funding)

Column G: Indicate the Average Benefit percent or amount paid for each worker type for FY 2017.

Column H: Indicate the Average Wage & Benefits for all workers within this type for FY 2017.

Column I: Indicate the number of Full Time Equivalent (FTEs) for each worker type for FY 2017, (divide the number of hours provided for the year by 2080).

Column J: Indicate the number of employees (people) that fill the FTEs in column D

Column K: Multiply column C by column D by 2080 hours.

Column L: Multiply column H by column I by 2080 hours.

Column M: Indicate the Entry Level Wage prior to this wage increase

Column N: Indicate the Entry Level Wage after this wage increase

Column O: Identify the effective date of the wage increase to workers