

2017 SWING BED DIRECT CARE WAGE SUPPLEMENTAL FORM SENIOR AND LONG TERM CARE DPHHS

PLEASE COMPLETE FOR ALL WORKERS TYPES

| | | AS OF January 1, 2017 | | | | | | |
|----|---------------------------|---------------------------------|---|---|---------------------------|---------------------------------|--|--|
| | | A | B | C | D | E | | F |
| | Worker Type | Average Hourly Wage 1/1/2017 | Average Benefit* Percent or Amount 1/1/2017 | Average Hourly Wage & Benefits 1/1/2017 | Number FTE 1/1/2017 | Number Employees 1/1/2017 | | Average Entry Level Wage FY 2017 as of 1/1/2017 |
| 1 | CNA | | | | | | | |
| 2 | LPN | | | | | | | |
| 3 | RN | | | | | | | |
| 4 | ACTIVITIES | | | | | | | |
| 5 | SOCIAL SERVICES | | | | | | | |
| 6 | HOUSEKEEPING | | | | | | | |
| 7 | LAUNDRY | | | | | | | |
| 8 | FEEDING ASSISTANT | | | | | | | |
| 9 | DIETARY | | | | | | | |
| 10 | OTHER - IDENTIFY _____ | | | | | | | |
| 11 | OTHER - IDENTIFY _____ | | | | | | | |
| 12 | OTHER - IDENTIFY _____ | | | | | | | |

Provider Name: _____
 City: _____
 Contact Person: _____
 Email Address: _____

INSTRUCTIONS

- Column A: Indicate the Average Hourly Wage for each worker type for January 1, 2017 (FY2017)
- Column B: The Average Benefit percent OR Average amount paid for each worker type for FY2017
Must use either all percents OR all amounts (dollars) paid for all categories! See Note #2
- Column C: Indicate the Average Wage & Benefits for all workers within this type for FY2017. See Note #3
- Column D: The number of Full Time Equivalents (FTEs) for each worker type for FY2017, (divide the number of hours provided for the year by 2080).
- Column E: The number of employees (people) that fill the FTEs in column D
- Column F: As of January 1, 2017 - This should be the Average ENTRY LEVEL WAGE

NOTES:

- 1) 1 FTE equals 2080 hours per year.
If 11 employees will provide approximately 10,500 hours of work, the FTE calculation is 10,500/2080 = 5 FTE
- 2) Benefits are insurance, FICA, pension, workers comp, unemployment, payroll taxes, etc., paid by the employer.
- 3) To get wage & benefits in column C:
 If you used benefit amount in Col B, add A & B
 If you used benefit percent in Col B, multiply A & 1.B
 (If the wage is \$7.50 and the benefits are 36%,
 Col C is 7.50 x 1.36 = \$10.20)

Please COMPLETE THIS FORM FOR ALL YOUR WORKER TYPES and return to the department with your Direct Care Wage Application and Forms on or before 12/09/2016
Return to:
 Steve Blazina
 DPHHS -SLTC - DIRECT CARE WAGE PROGRAM
 PO Box 4210
 Helena MT 59604 - 4210