

**SWING BED FACILITY SERVICES**

**PART A**

**FISCAL YEAR 2017 LUMP SUM PAYMENT FORM**

Provider Name: \_\_\_\_\_

NAME OF FACILITY _____		FY 2017 as of January 1, 2017											
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 JAN 2017 COLUMN H DIVIDED BY TWO	DISTRIBUTION FOR JUNE 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 _____												
<b>TOTALS</b>													

**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:** January 2017 Lump sum Distribution to Facility: Divide Column H by two (2)

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

**Column K** Provide the effective date of distribution to workers

Provider Name: \_\_\_\_\_

**SWING BED FACILITY SERVICES  
PART B  
FISCAL YEAR 2017  
WAGE AND BENEFITS INCREASE FORM**

NAME OF FACILITY

		Actual FY 2016 as of December 31, 2016 or before					Projected FY 2017 as of January 1, 2017 or after					K	L	M	N	O
		A	B	C	D	E	F	G	H	I	J					
Code # Worker Type	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	12/31/2016	1/1/2017	EFFECTIVE DATE OF WAGE INCREASE TO WORKERS
<b>NURSING FACILITIES</b>																
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															
<b>TOTALS</b>																

**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 FY2016. 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 FY2017 (assuming you receive the direct care wage funding)
- Column G: Indicate the Average Benefit percent or amount paid for each worker type for FY2017.
- Column H: Indicate the Average Wage & Benefits for all workers within this type for FY2017.
- Column I: Indicate the number of Full Time Equivalent (FTEs) for each worker type for FY2017, (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