



The Cost of Living Adjustment (COLA) survey was designed to be easy to navigate but we are providing some additional explanations and examples, for some survey items, in this document. Please read this document prior to attempting to complete the survey.

Federal Employer ID Number: Nine-digit Federal Employer Identifier.

CFR Agency Code: Five-digit CFR provider Identifier (aka Corp Id).

County Name: Indicate by "clicking" on the circle, the name of the county in which your agency's **administrative** headquarters are located.

Contact Name: Identify the name of the individual, in your agency, that should be contacted if OPWDD has questions regarding the Certification submission for your agency.

What is the average starting hourly wage for Direct Care employees?

For each of the indicated years of 2020, 2021 and 2022, and for all of the positions in your agency that are identified as being in a Consolidated Fiscal Report job position title code of 200, report the average **starting hourly** wage for the code 200 positions. This number must **not** include overtime or fringe benefits. The response is to be given as an **hourly** wage number not an annual salary number.

For example: Agency XYZ utilized two job position title codes in the 200 series in 2020 - 202 and 207. Individuals hired in code 202 positions started at an hourly wage of \$18.00 and those hired in code 207 positions started at an hourly wage of \$19.00. The average of the two is \$18.50 and thus, that would be the hourly wage reported for 2020.

What is the average hourly wage for Direct Care employees?

For each of the indicated years of 2020, 2021 and 2022, and for all of the positions in your agency that are identified as being in a Consolidated Fiscal Report job position title code of 200, report the average hourly wage for the code 200 positions. This number must **not** include overtime or fringe benefits. The response is to be given as an **hourly** wage number not an annual salary number.

*For example: Agency XYZ had five job position title code staff in the 200 series in 2020. The agency's standard workweek hours for Direct Care staff are 40 hours per week or 2,080 hours per year. The annual compensation amount identified in this example is **net** of overtime and does not include fringe benefits.*

*Employee A worked 2080 hours; employee A's annual salary compensation was \$37,440
Employee B worked 2080 hours; employee B's annual salary compensation was \$40,000
Employee C worked 1040 hours; Employee C's annual salary compensation was \$20,000
Employee D worked 1040 hours; Employee D's annual salary compensation was \$22,000*

Employee E worked 200 hours; Employee E's annual salary compensation was \$3,600

In this example, the aggregate salaries paid to the five employees (net of overtime and fringe benefits) is \$123,040. The number of hours worked was 6,440. Therefore, the 2020 hourly wage to be reported on the survey is \$19.11.

Did your agency give, or does your agency plan on giving, a salary increase using the 4.0 percent COLA?

Indicate by "clicking" on the yes or no circle, whether your agency will, or has used, 4 percent COLA funds for the purpose of salary increases to any employee. If you indicate yes, the survey will automatically direct you to identify, by personal service category, the actual average wage increase, as a percentage of salary, for every personal service category. If no wage increase was given for a particular category, enter 0 for that category. When computing the percentage increase, the computation must be based on base salary (which is exclusive of overtime and fringe benefits).

For example: Agency XYZ gave an "across the board" salary increase of 5.10 percent to direct care and support staff (job position title codes 200 and 100) and a 2.80 percent salary increase to clinical staff (job position title code 300). Therefore, the agency is to report 5.10 for Direct Care PS, 5.10 for Support PS, 2.80 for Clinical PS and 0 for all other categories.

Note: the survey is not asking what percentage of total COLA funds were expended in a particular personal service category. Therefore, your entries, if aggregated, would not equal 100.

Did your agency give, or does your agency plan on giving, fringe benefit increases using the 4.0 percent COLA?

Indicate by "clicking" on the yes or no circle, whether your agency will, or has used, 4 percent COLA funds for the purpose of fringe benefit increases. If you indicate yes, the survey will automatically direct you to identify, by personal service category, the personal service categories for which the fringe benefit increase is applicable. Click on all personal service categories for which the fringe benefit increase is applicable.

Note: the survey is not referring to increased agency fringe benefit costs directly related to the payment of increased wages. In this survey question, fringe benefit increases are enhancements to existing employee fringe benefit packages, for example, the addition of dental services to the plan.

Did your agency use, or does your agency plan on using, any of the 4.0 COLA for OTPS?

Indicate by "clicking" on the yes or no circle, whether your agency will, or has used, any of the 4 percent COLA funds for the purpose of agency "Other Than Persona Service" expenditures.

Did your agency use, or does your agency plan on using, any of the 4.0 COLA for Equipment?

Indicate by "clicking" on the yes or no circle, whether your agency will, or has used, any of the 4 percent COLA funds for the purpose of agency equipment expenditures.

Did your agency use, or does your agency plan on using, any of the 4.0 COLA for Property?

Indicate by "clicking" on the yes or no circle, whether your agency will, or has used, any of the 4 percent COLA funds for the purpose of agency property/capital expenditures.

Completion of Attestation

The last section contains the agency survey attestations. It is mandatory that this section be completed by both the agency's Chief Executive Officer/Executive Director **and** the agency's President of the Board of Directors/Governing Body Chairperson.

Click on the first "I Attest" circle. This is the attestation that must be signed by the agency's Chief Executive Officer/Executive Director. The attestation wording will then appear and is:

"I attest that, to the best of my knowledge, the information submitted within the 4.0 percent COLA survey represents in all material aspects the agency's use, or anticipated use, of the COLA funding."

Enter the name of the agency's Chief Executive Officer/Executive Director and also, that individual's title, telephone number and email address. Then, the name of the Chief Executive Officer/Executive Director is entered on the Signature line. "Signature" means that the appropriate individual has typed their name into the survey. *Note the survey wording of "by typing my name below, I understand that this form of electronic signature has the same legal force and effect as a manual signature."*

Then, click on the second "I Attest" circle. This is the attestation that must be signed by the agency's President of the Board of Directors/Governing Body Chairperson. The attestation process is identical to that which has been described for the Chief Executive Officer/Executive Director attestation.

Survey Submittal

The last step is to click on the "Submit Survey" box to submit the survey. A copy of the survey submission should be retained by the Provider.