



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

CHERYL ROBERST
DIRECTOR

600 EAST BROAD STREET
SUITE 1300
RICHMOND, VA 23219

January 17, 2024

Dear Administrator:

The Department of Medical Assistance Services (DMAS) requires that nursing facilities provide wage data, to be used for the development of inflation factors, on an annual basis.

Completion of the wage survey is mandatory for all non-hospital based nursing facilities participating in Virginia Medicaid or Managed Care Programs. The data are needed to support the development of rates and must be collected in a manner more timely than cost reports. Therefore, DMAS requires all non-hospital based nursing facilities to complete this annual wage survey.

With the exception of an additional question 50, the survey questions are unchanged. Please report the total nursing facility Medicaid days that were paid; this question does not include specialized care. Data reported should be consistent with nursing staff costs and hours filed on the cost report. For nursing facilities with a December 31st fiscal year end (FYE), total nursing staff costs on the wage survey should equal total nursing staff costs on Schedules A-4 and N of the PIRS 1090 cost reporting forms. Facilities who do not have a December 31st FYE should use the cost reporting data sources but report using the twelve-month period ending December 31, 2023.

Parts I through III require nursing staff salary costs and hours included in the total on lines 1 and 2 of Schedule A-4 (excluding nursing departmental supplies and professional fees) or Lines 24 and 25 of Schedule B-5, Part 1, whichever is applicable, of the PIRS 1090 cost reporting forms, plus the NATCEP wages and benefits in Schedule N. Parts I through III of the survey should include any quality assurance nurses' salary costs and hours. In addition, time spent at the facility by quality assurance coordinators employed by the home office should be included in direct patient care base operating costs and in the data submitted for Parts I through III. The regulatory language regarding direct patient care operating costs, in the form of nursing service expenses, can be found in *12VAC30-90-271 Direct Patient Care Operating at* <https://law.lis.virginia.gov/admincode/title12/agency30/chapter90/section271/>.

Part IV of the survey requires the reporting of non-nursing salaries and hours. This information includes all other salaries and wages included in the indirect care operating costs reported on Schedule A-3 or Schedule B-5, Part I of the PIRS 1090.

Part V is for reporting the salaries and wages of employee therapists. Agency personnel data should not be included in this section. The total of these salaries and wages should

correspond to the total of employee therapists' salaries and wages as included in the total ancillary costs reported on Schedule C of the PIRS 1090.

Parts VI and VII summarize salary and benefits data reported for nursing home employees, and Part VIII requests data on liability insurance premiums and deductibles.

Parts IX and X of the survey are used by DMAS for analysis and are not part of the inflation calculation. These data are used to analyze quality metrics for informational purposes.

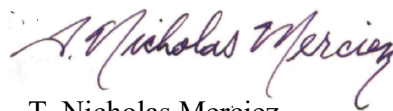
The attached Microsoft Excel worksheet may assist in gathering the required information prior to completing the online survey. Completion of this worksheet is **not required**. The final section provides some reasonability checks for values to be entered in the survey. These formulas can help verify your responses.

Facilities are required to complete the survey via DMAS' secure website. The survey link can be found at: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/nursing-facilities/> by clicking on the survey link. This year's survey link will require providers to log into MES PRSS to complete the survey. Please make sure the individual completing the survey is a primary account holder (PAH) or administrator in PRSS. The survey is expected to be posted by January 17, 2024. At the end of the survey, you will be asked to re-enter your name and to check the certification box. Checking the box acts as an electronic signature stating that you verify the accuracy of your responses. Certifying your results by checking the box is **required**.

For documentation purposes, please print and retain a copy of your completed survey. You may be contacted at a later date to clarify or correct survey information. Having a printed copy of your survey may help in answering questions.

The survey is due by February 16, 2024. If you have any questions, please contact Lorraine R. Bishop at email: Lorraine.Bishop@dmas.virginia.gov. Thank you for your continued support and cooperation.

Sincerely,



T. Nicholas Merciez
Director of Provider Rate Development

Attachment