The Cost of Living Adjustment (COLA) Certification 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 selecting the County Name from the drop down box, 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 the indicated year of 2023, and for all of the positions in your agency that are identified as being in a Consolidated Fiscal Report job position title series 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 2023 - 202 and 207.  Individuals hired in code 202 positions started at an hourly wage of $22.00 and those hired in code 207 positions started at an hourly wage of $24.00.  The average of the two is $23.00 and thus, that would be the hourly wage reported for 2023.*

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

For the indicated year of 2023, and for all of the positions in your agency that are identified as being in a Consolidated Fiscal Report job position title series 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 2023.  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 $47,440*

*Employee B worked 2080 hours; employee B's annual salary compensation was $42,000*

*Employee C worked 1040 hours; Employee C's annual salary compensation was $21,000*

*Employee D worked 1040 hours; Employee D's annual salary compensation was $23,000*

*Employee E worked 200 hours; Employee E's annual salary compensation was $3,800*

In this example, the aggregate salaries paid to the five employees (net of overtime and fringe benefits) is $137,240.  The number of hours worked was 6,440.  Therefore, the 2023 hourly wage to be reported on the survey is $21.31.

**Did your agency give, or does your agency plan on giving, a salary increase using the 2.84 percent COLA?**

Indicate by selecting yes or no from the drop-down list, whether your agency will, or has used, 2.84 percent COLA funds for the purpose of salary increases to any employee.   If you indicate yes, 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 the base salary (which is **exclusive** of overtime and fringe benefits).

Please be mindful of the enacted Budget language which states: “*Each local government unit or direct contract provider receiving the cost-of-living adjustment established herein shall use such funding to provide a targeted salary increase of at least one and seven-tenths percent (1.7%) to eligible individuals in accordance with subdivision six of this section.”* Eligible individuals are defined as “*Support staff, direct care staff, clinical staff, and non-executive administrative* *staff*…”

For OPWDD programs, with reference to eligible staff, *“support staff shall mean individuals employed in consolidated fiscal report position title codes ranging from 100-199; direct care staff shall mean individuals employed in consolidated fiscal report position title codes ranging from 200-299; clinical staff shall mean individuals employed in consolidated fiscal report position title codes ranging from 300-399; and non-executive administrative staff shall mean individuals employed in consolidated fiscal report position title codes 400, 500-599, and 703 to 799. Individuals employed in consolidated fiscal report position title codes 601 to 604, 701 and 702 shall be ineligible for the 1.7 percent targeted salary increase established herein.”*

*As an example: Agency XYZ gave an "across the board" salary increase of 5.10 percent to direct care and support staff (job position title code series of 200 and 100); a 2.00 percent salary increase to clinical staff (job position title code series of 300); a 1.70 percent salary increase to staff in the job position title code of 400; a 1.70 percent salary increase to program administration staff (job position title code series of 500); no salary increase to agency administration staff in the job position title codes of 601, 602, 603 and 604; a 1.7 percent salary increase to agency administration staff in the job position title codes of 605 – 690; a .50 percent salary increase to staff in the job position title codes of 701 and 702 and a 1.7 percent increase to staff in the job position title codes of 703, 704 and 790.*

*Therefore, the agency would report as follows:*

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*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 2.84 percent COLA?**

Indicate by selecting yes or no from the drop-down list, whether your agency will, or has used, 2.84 percent COLA funds for the purpose of fringe benefit increases. If you indicate yes, select “X” from the drop-down list for 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 2.84 percent COLA for OTPS?**

Indicate by selecting yes or no from the drop-down list, whether your agency will, or has used, any of the 2.84 percent COLA funds for the purpose of agency "Other Than Personal Service" expenditures.

**Did your agency use, or does your agency plan on using, any of the 2.84 percent COLA for Equipment?**

Indicate by selecting yes or no from the drop-down list, whether your agency will, or has used, any of the 2.84 percent COLA funds for the purpose of agency equipment expenditures.

**Did your agency use, or does your agency plan on using, any of the 2.84 percent COLA for Property?**

Indicate by selecting yes or no from the drop-down list, whether your agency will, or has used, any of the 2.84 percent COLA funds for the purpose of agency property/capital expenditures.

**Completion of Attestation**

The last section contains the agency certification 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.

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 and I understand all information reported herein is considered publicly available."*

The attestation must also be completed 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 return the completed certification survey Excel template. Reply to the original email (opwdd.sm.2024COLA@opwdd.ny.gov) with the certification survey attachment. A copy of the survey submission should be retained by the Provider.