



**Department  
of Health**

Medicaid  
Redesign Team

# Workforce Reporting Summary

For PPS Implementation Plan and Quarterly Reporting

December 2015

# Contents

- Timelines for Workforce Section of the PPS Quarterly Report
  - Workforce Achievement Value
- Parts of the Workforce Report
  - Part 1: Workforce Strategy Spending
    - Definitions of terms
    - Considerations for reporting Workforce Strategy Spending
  - Part 2: Staff Impact
    - Job Titles & Facility Types
    - Considerations & required data collection elements for reporting Staff Impact
  - Part 3: Prescribed Milestones
    - The 5 Prescribed Milestones
    - Milestone 4: Compensation & Benefits Survey – considerations & required data elements
  - Part 4: PPS-Defined Milestones
- *Appendices: Workforce Survey FAQ & 2010 SOC Crosswalk*

# Timelines for Workforce Section of the PPS Quarterly Report

Reporting Quarter	Deliverable
DY1 Q2	<ul style="list-style-type: none"> <li>The workforce section of the quarterly report goes live in MAPP for the DY1 Q2 (Jul-Sep 2015) quarterly report that was due October 31, 2015</li> <li>PPSs are required to submit baselines for Prescribed and PPS-Defined milestones</li> </ul>
DY1 Q4	<ul style="list-style-type: none"> <li>PPSs are required to submit baseline* for Strategy Spending (budget)</li> <li>PPSs are required to submit DY1 Q4 actuals for Strategy Spending (budget)</li> </ul> <p style="text-align: right;"><i>*budget, as per DSRIP application Section 5, "Workforce Strategy Budget"</i></p>
DY2 Q1	<ul style="list-style-type: none"> <li>PPSs submit the Compensation and Benefit Analysis, which corresponds to Prescribed Milestone #4 (due July 2016)</li> <li>PPSs submit baseline for Staff Impact</li> </ul>
DY2 Q2	<ul style="list-style-type: none"> <li>Staff Impact change from baseline will be reported for the first time in DY2 Q2</li> </ul>
DY3&5 Q4	<ul style="list-style-type: none"> <li>Compensation and Benefit Analysis (Prescribed Milestone #4) will be required three times, for each of DY1, DY3, and DY5 (start, mid-point, and end of DSRIP demonstration years), and will be included as a milestone towards earning the Workforce Organizational Achievement Value</li> </ul>

# Workforce Achievement Value

- Domain 1 Organizational AVs are based on the completion of Current period milestones and updates on milestones to be completed or already completed
  - The criteria for awarding and achieving these AVs was outlined in the April 21, 2015, webinar: “*DSRIP Domain 1 Achievement Values*”
- One of the four Domain 1 Organizational AVs can be earned for the Workforce section of the Quarterly Report, based on completing the following:
  - **Workforce Strategy Budget Updates:** based on the Workforce Strategy Budget commitment made in the Project Plan Application (*semi-annual Q2 & Q4 reporting*)
  - **Workforce Impact Analysis and Updates:** provides details on the workforce impact and placement impact for redeployed, retrained and newly hired staff (*semi-annual Q2 & Q4 reporting*)
  - **New Hire Employment Analysis and Updates:** provides details on the number and types of new hires (*semi-annual Q2 & Q4 reporting*)
  - **Milestone #4:** Compensation & Benefits Analysis (DY2 Q1, DY3 Q4, DY5 Q4)

# Parts of the Workforce Section

Four parts of the Workforce Section of the PPS quarterly report are discussed in this deck:

1. Workforce Strategy Spending
2. Staff Impact
3. Prescribed Milestones

*Note: Completion and logical timing of milestones may inform your PPS's project planning and considerations for preferred timeline when completing the rest of the Workforce Section*

4. PPS-Defined Milestones

# Part 1: Workforce Strategy Spending

- PPSs will provide details on expected workforce spending based upon semi-annual reporting periods across the waiver period.
  - Total annual amounts must align with commitments in the PPS's DSRIP application
- The funding type will be broken down by the PPS into four categories:
  - New Hires
  - Redeployment
  - Retraining
  - Other
- Funds may be shifted from one category to another within the Workforce budget, as long as the PPS stays true to their overall spend commitments

# Definitions of terms

**New Hires:** New hires are all personnel hired as a result of DSRIP, exclusive of personnel who are redeployed (see definition below). New Hires include all new employees who support the DSRIP projects and PPS infrastructure, including but not limited to executive and administrative staff, professional and para-professional clinical staff, and professional and para-professional care coordination staff.

**Retraining:** Retraining is defined as training and skill development provided to current employees of PPS partners for the purpose of redeployment or to employees who are at risk of lay-off. Skill development includes classroom instruction whether provided by a college or other training provider. It can include, particularly for at-risk employees, longer term training to support transition to high demand occupations, such as Care Manager or Nurse Practitioner.

**Redeployed Personnel:** Redeployed employees are people who are currently employed by any PPS partners in DSRIP Year 1 and who transition into another job title, including those who transition to another job with the same employer.

**Training:** For the purposes of DSRIP, training includes all formal skill development provided to any employees who provide services for the PPS selected projects or central support for the PPS. Skill development includes classroom instruction whether provided by a college or other training provider. It can include longer term training to build talent pipelines in high demand occupations, such as Nurse Practitioner. Training includes skill development provided to incumbent workers whose job titles do not change but who are expected to perform new duties. Training also includes skill development for new hires.

# Considerations for reporting Workforce Strategy Spending

- Training and retraining costs should be combined under Retraining, including:
  - All training for new hires or for skill development for DSRIP projects or central support for the PPS, or
  - Re-training for employees to be redeployed or to employees at risk of lay-off
- The PPS cannot shift funds across years as the PPS will be evaluated based on their annual and total spend for the purposes of determining Achievement Values.
  - The PPS can, however, shift funding across categories; e.g., from Retraining to New Hires.
- For DY1-DY3, the PPS must reach the minimum target of 80%-85% of annual spending in order to earn the Achievement Value
  - PPSs that only reach the minimum in DY1-DY3 targets will have a larger spend to achieve in DY4 to reach the 90% of total target by the end of DY4
  - The PPS submitted annual spending amounts for the five-year period in its PPS Organizational Application



# Considerations for reporting Workforce Strategy Spending

- A PPS can spend more than their commitment in the application
- Staff whose primary job responsibilities are to manage PPS Workforce areas such as coordination, development, and delivery of training can be allocated to workforce budget
  - Ongoing costs associated with PPS Project Management staff cannot be charged to workforce funds (e.g., their salary, benefits, etc.); however, costs associated with hiring, retraining, etc. for those staff may be allocated appropriately under the appropriate budget category (or categories)
- PPSs are permitted to use their Workforce budget for vendor services engaged in helping to meet DSRIP requirements
  - For example, a PPS can account for the costs of contracting a vendor to help with or conduct the Compensation and Benefits Survey as part of their workforce spend commitment

## Part 2: Staff Impact

- PPSs will provide details on annual staffing impact broken down by staff type
- Reporting will be entered into a matrix of *Job Titles vs. Facility Types*
- This table will be built into MAPP for PPS reporting
- The lists of Job Titles and Facility Types are provided in the following slides

# Job Titles

- Where possible, job titles crosswalk to 2010 Standard Occupational Classification (see *Appendix for details*)

<b>Physicians</b>
Primary Care
Other Specialties (Except Psychiatrists)
<b>Physician Assistants</b>
Primary Care
Other Specialties
<b>Nurse Practitioners</b>
Primary Care
Other Specialties (Except Psychiatric NPs)
<b>Midwives</b>
<b>Nursing</b>
Nurse Managers/Supervisors
Staff Registered Nurses
Other Registered Nurses (Utilization Review, Staff Development, etc.)
LPNs
Other
<b>Clinical Support</b>
Medical Assistants
Nurse Aides/Assistants
Patient Care Techs
Clinical Laboratory Technologists and Technicians
Other
<b>Behavioral Health (Except Social Workers providing Case/Care Management, etc.)</b>
Psychiatrists
Psychologists
Psychiatric Nurse Practitioners

<b>Behavioral Health (Except Social Workers providing Case/Care Management, etc.) (cont'd)</b>
Licensed Clinical Social Workers
Substance Abuse and Behavioral Disorder Counselors
Other Mental Health/Substance Abuse Titles Requiring Certification
Social and Human Service Assistants
Psychiatric Aides/Techs
Other
<b>Nursing Care Managers/ Coordinators/Navigators/Coaches</b>
RN Care Coordinators/Case Managers/Care Transitions
LPN Care Coordinators/Case Managers
<b>Social Worker Case Management/ Care Management</b>
Bachelor's Social Work
Licensed Masters Social Workers
Social Worker Care Coordinators/Case Managers/Care Transition
Other
<b>Patient Education</b>
Certified Asthma Educators
Certified Diabetes Educators
Health Coach
Health Educators
Other

<b>Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)</b>
Care Manager/Coordinator
Patient or Care Navigator
Community Health Worker
Peer Support Worker
<b>Administrative Staff -- All Titles</b>
Executive Staff
Financial
Human Resources
Other
<b>Administrative Support -- All Titles</b>
Office Clerks
Secretaries and Administrative Assistants
Coders/Billers
Dietary/Food Service
Financial Service Representatives
Housekeeping
Medical Interpreters
Patient Service Representatives
Transportation
Other
<b>Janitors and cleaners</b>

<b>Health Information Technology</b>
Health Information Technology Managers
Hardware Maintenance
Software Programmers
Technical Support
Other
<b>Home Health Care</b>
Certified Home Health Aides
Personal Care Aides
Other
<b>Other Allied Health</b>
Nutritionists/Dieticians
Occupational Therapists
Occupational Therapy Assistants/Aides
Pharmacists
Pharmacy Technicians
Physical Therapists
Physical Therapy Assistants/Aides
Respiratory Therapists
Speech Language Pathologists
Other

# Facility Types

For each Job Title, workforce impact will be reported against the most appropriate Facility Type from this list:

- Outpatient Behavioral Health (Article 31 & Article 32)
- Article 28 Diagnostic & Treatment Centers
- Article 16 Clinics (OPWDD)
- Home Care Agency
- Hospital Article 28 Outpatient Clinics
- Inpatient
- Non-licensed CBO
- Nursing Home/SNF
- Private Provider Practice

# Reporting Staff Impact

## *Sample data table*

- Workforce staffing impact analysis is for all DSRIP years and across all Job Titles and Facility Types

Aligns with budget categories

Year	Facility Type (defined list)	Job category (defined list)	New hires, #	Redeployed, #	Retrained, #	Full placement (≥95% comp.), #	Partial placement (≥75% and <95% comp.), #
DY1	Inpatient	Nurse practitioners	6	14	3	4	13
		Registered nurses	17	83	24	24	78
DY1	Hospital Article 28 Outpatient Clinic	Nurse practitioners	2	3	3	3	5
		Registered nurses	4	16	5	9	16

Number of columns can be increased for PPSs to collect additional data elements, for example:

- Enhanced placement (>100% comp.)
- No placement
- Unknown
- Average retraining cost (for a given Job Title & Facility Type)
- Degree requirement
- Licensing requirement

*all numbers and data elements in this table are intended for illustrative purposes only*

All DSRIP years

Reporting for all defined Facility Types

Reporting for all defined Job Titles

For collecting baseline data, PPSs may wish to develop a site-by-site data collection grid

# Required data collection elements for reporting Staff Impact

- The following are required data elements for measuring and reporting Staff Impact:
  - New hires
  - Redeployed
  - Retrained
  - Other
  - Full placement (compensation  $\geq 95\%$ )
  - Partial placement (75%-95% compensation; i.e.,  $\geq 75\%$  and  $< 95\%$ )
- *Note: Though a PPS may consider Staff Impact reporting and the Compensation and Benefits Survey (Prescribed Milestone 4) to be related to one another, reporting for Staff Impact and for the Compensation and Benefits Survey are distinct and different requirements for Workforce reporting in the PPS Quarterly Reports*

# Considerations for reporting Staff Impact

- Report on the *headcount* of individuals impacted
- If a licensed provider (identifiable as one of the listed licensed job titles) is also engaged in other activities, their headcount should be reported under the licensed provider job title
  - For example, an RN performing health education activities would be captured under “Other Registered Nurses (Utilization Review, Staff Development, etc.)”
  - An RN performing care coordination function would be captured under “RN Care Coordinators/Case Managers/Care Transitions”
- Administrative categories should be used to capture all non-clinical facing staff
  - The “other” categories should be used for job titles not already captured in the list
  - Internal data collection may benefit from tracking additional titles

## Part 3: Prescribed Milestones

- For each of five prescribed milestones, PPSs provided sub-step tasks
  - This provides a baseline against which PPSs will update on progress in future quarterly reports
- For milestones that are due within the reporting period, documentation will be required to provide evidence of milestone achievement.
  - Any explanations regarding altered or missed target commitments will be included within a textbox



# The 5 Prescribed Milestones

1. Define target workforce state (in line with DSRIP program's goals)
  - Finalized PPS target workforce state, signed off by PPS workforce governance body
2. Create a workforce transition roadmap for achieving defined target workforce state
  - Completed workforce transition roadmap, signed off by PPS workforce governance body
3. Perform detailed gap analysis between current state assessment of workforce and projected future state
  - Current state assessment report & gap analysis, signed off by PPS workforce governance body
4. Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements
  - Compensation and benefit analysis report, signed off by PPS workforce governance body
5. Develop training strategy
  - Finalized training strategy, signed off by PPS workforce governance body

# Expectations and timeline for completing workforce milestones

- Milestone #4 (Compensation & Benefits analysis) is an *AV driving* milestone, with the first of three due in DY2 Q1
  - Given the direct connections between the workforce impact baseline data (due DY2 Q1), the Compensation & Benefit analysis (due DY2 Q1), and the remaining workforce milestones, it is suggested that the other workforce milestones would be completed on a schedule consistent with the due dates for the AV driving milestones:
    - Milestone #1 (target workforce state): DY2 Q1
    - Milestone #2 (workforce transition roadmap): DY2 Q2
    - Milestone #3 (gap analysis): DY2 Q2
    - Milestone #5 (training strategy): DY2 Q2
- Completing the above milestones consistent with the dates indicated would provide for more complete and accurate reporting of the workforce impact analysis baseline data in DY2 Q1.

# Expectations and timeline for completing workforce milestones

- PPSs must complete the AV driving milestones (Workforce Strategy Spending, Workforce Impact and New Hire Analysis, and Compensation and Benefit Analysis) by the required completion dates in order to earn the Achievement Value for Workforce
- The IA will be monitoring PPS progress towards the completion of the non-AV driving milestones, and PPSs should be working towards meeting the completion dates for the remaining milestones as identified on the previous slide
  - PPSs have identified completion dates for the non-AV driving milestones in their Implementation Plans, and they will be monitored against those dates; however, when possible, PPSs should work to have the non-AV driving workforce milestones completed by the dates indicated on the previous slide
  - PPSs will be able to provide narrative updates to the IA for instances when they are unable to complete the non-AV driving milestones by the suggested completion dates

# Prescribed Milestone #4: Compensation & Benefits Survey

- The purpose of the Compensation & Benefits Survey is to capture a *snapshot in time* and examine workforce trends within each PPS
  - Informs education and training requirements for PPSs and their partners
  - Guides retraining for redeployed workers and employee support programs
  - Advances health care workforce research and policy development while demonstrating DSRIP impact
- The State is requesting a consistent set of data elements to be collected and reported by all PPSs
- PPSs will collect a set of required elements, but are also encouraged to collect additional data fields that are appropriate for a complete understanding of the workforce (and impact of DSRIP on the workforce) in the PPS

# Bureau of Labor Statistics instructions for reporting wage information

- The PPS workforce surveys and analysis should be developed to be as consistent as possible with the instructions provided by the Bureau of Labor Statistics in their Occupational Employment Report surveys.
  - Average hourly wage rate should be used for reporting purposes
  - For reference, below are the instructions on reporting wage information from the "Occupational Report of Hospitals" survey:

## Instructions for Reporting Wage Information

### For all employees:

- Please use the hourly and annual wage rate categories to report employees. If wages are not recorded by hour or year (bi-weekly, or monthly for example), convert them into an hourly wage rate.
- For part-time workers, please report the specific hourly wage rate, not an average.
- For tip, commission, and piece-rate workers, please estimate the earnings (base pay plus tips, commissions, or piece rates), and report the appropriate wage.
- For salaried workers who do not work a standard 2080 hours per year (40 hours per week), please report wages on an hourly basis. For workers who are paid an annual salary by contract, such as Airline Pilots, report their annual salary.
- Include and/or exclude from pay as follows:

### Include as pay

- Base Rate
- Commissions
- Cost-of-Living Allowance
- Deadheading Pay
- Guaranteed Pay
- Hazard Pay
- Incentive Pay
- Longevity Pay
- Piece Rate
- Portal-to-Portal Rate
- Production Bonus
- Tips

### Exclude as pay

- Attendance Bonus
- Back Pay
- Draw
- Holiday Bonus
- Holiday Premium Pay
- Jury Duty Pay
- Lodging Payments
- Meal Payments
- Merchandise Discounts
- Nonproduction Bonus
- On-call Pay
- Overtime Pay
- Perquisites
- Profit Sharing Payment
- Relocation Allowance
- Severance Pay
- Shift Differential
- Stock Bonuses
- Tool Allowance
- Tuition Repayments
- Uniform Allowance
- Weekend Pay

# Milestone #4: Sample data reporting grid

## *Data collection for each facility*

- A sample data grid is shown here for collecting information about all Job Titles of workers at each facility:

Facility code	Facility Type (select from defined list)	Job category (select from defined list)	Individuals Employed, #	Vacancies/ Intend to fill, #	Average cash compensation rate, \$	Benefits, as a percentage of compensation	CBA* Status, Y or N
Hospital A123	Inpatient	Nurse practitioners	88	4	\$48.56	27%	N
		Registered nurses	1,263	163	\$37.98	27%	Y
Hospital B123	Hospital Article 28 Outpatient Clinic	Nurse practitioners	44	6	\$45.19	29%	N
		Registered nurses	767	21	\$33.13	29%	N

*all numbers and data elements in this table are intended for illustrative purposes only*

*\*CBA = Collective Bargaining Agreement*

Unique code that identifies each facility

If a given facility serves multiple functions, multiple "Facility Type" lines may be required under a single facility code

Hourly rates are calculated from salaries e.g., 40hrs/week = 2080 hours per year

# Milestone #4: Aggregating collected data

## *Sample compensation report by Job Title*

<b>Job Title: Registered Nurse</b>										
Organization Category	Number organizations	Number CBA* organizations	Number employees	Number of vacancies	Position vacancy rate	25 <sup>th</sup> percentile average cash comp. rate, \$	Mean average cash comp. rate, \$	Median average cash comp. rate, \$	75 <sup>th</sup> percentile average cash comp. rate, \$	Benefits, as % of average comp.
All organizations	124	14	1797	107	5.95%	\$30.23	\$36.92	\$37.31	\$39.24	26%
Outpatient Behavioral Health (Article 31 & 32)	15	2	31	6	1.94%	\$30.51	\$28.97	\$29.78	\$29.58	22%
Article 28 Diagnostic & Treatment Centers	33	2	423	10	2.36%	\$29.34	\$29.01	\$31.20	\$29.88	24%
Article 16 Clinics (OPWDD)	7	1	29	3	10.34%	\$30.61	\$30.65	\$30.99	\$29.93	27%
Home Care Agency	6	2	18	2	11.11%	\$30.44	\$31.46	\$31.58	\$30.39	25%
Hospital Article 28 Outpatient Clinics	19	2	79	29	36.71%	\$31.31	\$29.62	\$29.73	\$31.26	27%
Inpatient	6	3	1057	51	4.82%	\$28.77	\$29.57	\$29.45	\$30.23	28%
Non-licensed CBO	9	0	22	2	9.09%	\$30.52	\$31.18	\$28.91	\$31.60	24%
Nursing Home/SNF	7	4	109	3	2.75%	\$30.37	\$30.39	\$30.43	\$30.06	26%
Private Provider Practice	27	0	29	1	3.45%	\$29.72	\$31.30	\$31.15	\$29.12	28%

*Note: all numbers and data elements in this table are intended for illustrative purposes only*

*\*CBA = Collective Bargaining Agreement*



# Required data collection elements for reporting Compensation & Benefits

- The following are required data elements for measuring and reporting Compensation & Benefits:
  - Number employees
  - Number vacancies / intend to fill
  - Compensation rate (mean, median, 25<sup>th</sup> & 75<sup>th</sup> percentile)
    - *Note:* The PPS should collect average compensation rate for each job title at a given facility, and then the PPS's aggregate reporting over all facilities should provide the mean, median, 25<sup>th</sup> & 75<sup>th</sup> percentile of these average compensation rates
  - Benefits as a percentage of compensation
  - Collective Bargaining Agreement (CBA) status
  - For only the “Non-licensed Care Coordination” category:
    - Is there a degree requirement?
    - If yes, what is/are the minimum degree requirement(s)?
- For each Job Title, PPSs will report in aggregate across all organizations as well as for each Facility Type



## Part 4: PPS-Defined Milestones

- In this section, PPSs will be able to input their own milestones and sub-tasks
- This allows PPSs to track their own progress against self-defined targets
- The Independent Assessor won't evaluate the PPS against these self-defined milestones

# Appendix

Workforce Survey FAQ (and other considerations)

*Original draft of this information was shared with PPS Leads via MRT ListServ on October 22, 2015.*

- Anti-trust concerns should be considered by PPSs in doing workforce surveys. Please consult legal counsel and/or your workforce vendor to assure you have the appropriate firewalls in place and understand all governing conditions regarding the collection, use, and sharing of data.
- If a PPS has already done a comp/bene survey, do they need to do it again between release of new guidance and the deadline?
  - No. The comp/bene survey (and board approval of final survey/report) must have been done between the start of DY1 and the deadline.
- If a comp/bene survey has already been done, what should a PPS do if they are missing a "standard data element"?
  - In DY1, if a PPS has already completed the survey, there is no need to re-survey
  - If, however, the survey isn't already completed, the PPS should use as a minimum the "standard data elements" for comp/bene provided in this workforce guidance

- What is the purpose of the Compensation & Benefits Survey ?
  - For comp/bene and the workforce surveys, we are looking for a "snapshot in time"
  - The purpose is to look at workforce trends within each PPS and for PPS to use in planning for workforce transitions; also to identify trends at regional level and overall shifts at regional level across the state.
- What about overlapping PPSs?
  - PPSs and their workforce vendors should work together to create firewall for reporting and enable regional views to help in workforce planning. If multiple PPSs are working with a single vendor, that vendor can separate out data as appropriate for PPS reporting, as well as enable roll-up regional-level reporting and reduce network redundancy.
- To what level of granularity will this be reported?
  - It should be reported by job title (as per the DSRIP job title/facility type list).
  - Reporting will be in aggregate; not at the individual level.

- How often will the comp/bene survey be done?
  - Will not be required annually
  - There will be 3 comp/bene surveys for each of DY1, DY3, and DY5 (i.e., start, mid-point, and end of DSRIP demonstration years)
- How often will workforce impact be reported?
  - The required numerical updates to Domain 1 Process Measures of Workforce Strategy Budget, Workforce Impact Analysis, and New Hire Employment Analysis will be semi-annual reporting to align with reporting cycle tied to Achievement Values (Q2 & Q4 for each year). This has been revised from the quarterly update reporting.
  - Quarterly reporting is still required on PPS progress updates to the PPS Workforce implementation plans such as updates on the implementation of the workforce transition roadmap, training up-take, etc.

- Are PPSs surveying everyone, or can a sampling be done?
  - Survey methodologies should be consistent, verifiable to allow for internal consistency, and enable tracking and trending over time
  - Workforce Survey – Current State:
    - The initial current-state assessment for workforce composition should consider the entire PPS network as much as possible in order to make the workforce projections that are part of reporting requirements.
  - Workforce Projections:
    - The reporting reflects the workforce impact that is expected (at baseline) or measured (in future updates) across the entire PPS, including new hires, redeployments and reductions.
    - Workforce impact reporting should reflect projections of the workers that are affected by DSRIP goals and projects to the degree possible. There are other healthcare reforms that may be difficult to sort out impact and, in these cases, they should be included in the impacted staff projections.
  - Compensation and Benefits Survey:
    - May survey everyone; or,
    - Draw from market data by sector such as collective bargaining wage rates for standard job categories that exist in a region for institutional providers; and
    - Do statistically relevant sampling, as appropriate to the PPS provider network particularly for non-institutional settings and those whose staff consist of the “emerging titles”

# Appendix

Job titles crosswalk to 2010 Standard Occupational Classification

Physicians	
Primary Care	29-1062 Family and General Practitioners and 29-1065 Pediatricians, General
Other Specialties (Except Psychiatrists)	not 29-1062 or 29-1075 (also exclude 29-1066 Psychiatrists)
Physician Assistants	29-1071 Physician Assistants
Primary Care	"Primary Care" is not differentiated as a separate category from 29-1071 Physician Assistants
Other Specialties	29-1071 Physician Assistants (need to exclude "Primary Care")
Nurse Practitioners	29-1171 Nurse Practitioners
Primary Care	"Primary Care" and "Psychiatric NPs" are not differentiated as a separate category from 29-1171 Nurse Practitioners
Other Specialties (Except Psychiatric NPs)	29-1171 Nurse Practitioners (need to exclude "Primary Care" and "Psychiatric NPs")
Midwives	29-1161 Nurse Midwives
Nursing	
Nurse Managers/Supervisors	11-9111 Medical and Health Services Managers "Nurse Managers" are not broken out as a separate category
Staff Registered Nurses	29-1141 Registered Nurses
Other Registered Nurses (Utilization Review, Staff Development, etc.)	Not differentiated as a separate category from 29-1141
LPNs	29-2061 Licensed Practical and Licensed Vocational Nurses
Other	
Clinical Support	
Medical Assistants	31-9092 Medical Assistants
Nurse Aides/Assistants	31-1014 Nursing Assistants
Patient Care Techs	29-2030 Diagnostic Related Technologists and Technicians and 29-2050 Health Practitioner Support Technologists and Technicians and 29-2090 Miscellaneous Health Technologists and Technicians
Clinical Laboratory Technologists and Technicians	29-2010 Clinical Laboratory Technologists and Technicians
Other	
Behavioral Health (Except Social Workers providing Case/Care Management, etc.)	
Psychiatrists	29-1066 Psychiatrists
Psychologists	19-3031 Clinical, Counseling, and School Psychologists
Psychiatric Nurse Practitioners	Not differentiated as a separate category from 29-1171
Licensed Clinical Social Workers	21-1023 Mental Health and Substance Abuse Social Workers
Substance Abuse and Behavioral Disorder Counselors	21-1011 Substance Abuse and Behavioral Disorder Counselors
Other Mental Health/Substance Abuse Titles Requiring Certification	
Social and Human Service Assistants	21-1093 Social and Human Service Assistants
Psychiatric Aides/Techs	31-1013 Psychiatric Aides and 29-2053 Psychiatric Technicians
Other	



Nursing Care Managers/Coordinators/Navigators/Coaches	
RN Care Coordinators/Case Managers/Care Transitions	Not differentiated from 29-1141 (Registered Nurses) and/or 29-1171 (Nurse Practitioners)
LPN Care Coordinators/Case Managers	Not differentiated from 29-2061 (Licensed Practical and Licensed Vocational Nurses)
Social Worker Case Management/Care Management	21-1022 Healthcare Social Workers
Bachelor's Social Work	No classification identified for this title
Licensed Masters Social Workers	No classification identified for this title
Social Worker Care Coordinators/Case Managers/Care Transition	21-1022 Healthcare Social Workers
Other	
Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)	
Care Manager/Coordinator	No classification identified for this title
Care or Patient Navigator	No classification identified for this title
Community Health Worker	21-1094 Community Health Workers
Peer Support Worker	Not differentiated from 21-1094 (Community Health Workers)
Patient Education	Not differentiated as a separate category from 21-1091 Health Educators
Certified Asthma Educators	Not differentiated as a separate category from 21-1091 Health Educators
Certified Diabetes Educators	Not differentiated as a separate category from 21-1091 Health Educators
Health Coach	No classification identified for this title
Health Educators	21-1091 Health Educators
Other	
Administrative Staff -- All Titles	
Executive Staff	11-1011 Chief Executives and 11-1021 General and Operations Managers
Financial	11-3031 Financial Managers and 43-3000 Financial Clerks
Human Resources	11-3121 Human Resources Managers and 43-4161 Human Resources Assistants, Except Payroll and Timekeeping
Other	

Administrative Support -- All Titles	
Office Clerks	43-9060 Office Clerks, General
Secretaries and Administrative Assistants	43-6010 Secretaries and Administrative Assistants
Coders/Billers	29-2071 Medical Records and Health Information Technicians
Dietary/Food Service	11-9051 Food Service Managers
Financial Service Representatives	41-3031 Securities, Commodities, and Financial Services Sales Agents
Housekeeping	37-1011 First-Line Supervisors of Housekeeping and Janitorial Workers
Medical Interpreters	27-3091 Interpreters and Translators
Patient Service Representatives	43-4051 Customer Service Representatives
Transportation	No classification identified for this title
Other	
Janitors and cleaners	37-2011 Janitors and Cleaners
Health Information Technology	
Health Information Technology Managers	11-3021 Computer and Information Systems Managers
Hardware Maintenance	No classification identified for this title
Software Programmers	15-1130 Software Developers and Programmers
Technical Support	15-1150 Computer Support Specialists
Other	
Home Health Care	
Certified Home Health Aides	31-1011 Home Health Aides
Personal Care Aides	39-9021 Personal Care Aides
Other	
Other Allied Health	
Nutritionists/Dietitians	29-1031 Dietitians and Nutritionists
Occupational Therapists	29-1122 Occupational Therapists
Occupational Therapy Assistants/Aides	31-2010 Occupational Therapy Assistants and Aides
Pharmacists	29-1051 Pharmacists
Pharmacy Technicians	29-2052 Pharmacy Technicians
Physical Therapists	29-1123 Physical Therapists
Physical Therapy Assistants/Aides	31-2020 Physical Therapist Assistants and Aides
Respiratory Therapists	29-1126 Respiratory Therapists
Speech Language Pathologists	29-1127 Speech-Language Pathologists
Other	

# Questions?

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