

**Rehabilitation Salary & Benefits Survey for Home Health, Hospitals and Nursing Homes**

**Before entering any data, save this workbook to your computer.**

Please submit data individually for each location.

Email your completed questionnaire to HCS by **July 23.**

**[rzabka@hhcsinc.com](mailto:rzabka@hhcsinc.com)**

A confirmation of your survey will be emailed to you within 24 hours. If you DO NOT receive the confirmation, please call Rosanne Zabka immediately at (201) 405-0075, ext. 11.

Thank you for your participation.

Effective Date of Data: June 2010
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Publication Date: September 2010
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M	D	FB

## Rehabilitation Salary & Benefits Questionnaire

Published by: Hospital & Healthcare Compensation Service  
 PO Box 376 Oakland, NJ 07436-0376 Tel: 201-405-0075 Fax: 201-405-2110

[www.hhcsinc.com](http://www.hhcsinc.com)

[email: rzabka@hhcsinc.com](mailto:rzabka@hhcsinc.com)

Ship Report To:

Contact Name/Title:

Facility Name:

Facility Street Address:

City/State/Zip:

Telephone:

Fax:

Email Address:

### Order Form

Yes, please send me \_\_\_\_\_ copies of the 2010-2011 Rehabilitation Salary & Benefits Report

	PDF	PDF & Excel CD <sup>^</sup>		
Pre-paid Participant+ *	<input type="checkbox"/> \$135.00	<input type="checkbox"/> \$435.00	<b>Effective Date of Data: June 2010</b>	<b>Publication Date: September 2010</b>
Billed Participant+	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$455.00		
Non-Participant+	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$550.00		
+ Shipping \$15 per Report				
NJ Tax 7% - NJ Locations Only				
<b>Total</b>				

+ Please Add \$15.00 Shipping per Report (UPS Ground). Shipping charges apply for UPS Ground Service (Contiguous United States). Additional charges applied for shipping to AK, HI, APO, etc. UPS will not deliver to a Post Office Box. The PDF is in Adobe Acrobat Reader. PDF files are too large to email and must be shipped.

\* Payment must be received by August 31 to qualify for the Pre-Paid Rate. If pre-payment is not received by August 31, Report will be shipped at billed rate.

<sup>^</sup> The Excel CD contains the salary/hourly data tables from the published Report. (It does not contain fringe benefits or Report summary.) The Excel CD is not sold separately; it must be purchased with the Report.

Due to the sensitive nature of the data, there are no returns.

Method of Payment:

Purchase Order: \_\_\_\_\_ Please fax Purchase Order to (201) 405-2110.

Check: Please mail completed order form along with check payable to: HOSPITAL & HEALTHCARE COMPENSATION SERVICE  
 PO Box 376  
 Oakland, NJ 07436-0376

American Express       MasterCard       Visa

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Credit Card #

--	--	--	--	--

Expiration Date

Card Holder's Name:

Card Billing Address:

M	D	FB

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[email: rzabka@hhcsinc.com](mailto:rzabka@hhcsinc.com)

Effective Date of Data: June 2010

Publication Date: September 2010

**Deadline: July 23**

**Submit Data Individually for Each Location**

Facility Name:

Contact Name/Title:

Facility Street Address:

City/State/Zip:

Telephone:

Fax:

Email Address:

May we publish the name of your organization as a participant in this survey?  Yes  No

All data received from participants will remain confidential. No data that will identify a specific facility will be released. A blank response shall be considered a "Yes."

Type of facility:  Home Health/Hospice  Hospital  Long Term Care  
 Out Patient  Rehab Services Provider

	Directors			Staff Therapists		
	PT	OT	SLP	PT	OT	SLP
<b>ACTUAL % INCREASE GRANTED between 7/2009 and 6/2010</b>						
<b>PLANNED % INCREASE between 7/2010 and 6/2011</b>						

For a copy of the job descriptions, go to our website: <http://www.hhcsinc.com/jobdescriptions>

### Report Base Salary Only. Effective Date of data June 1, 2010.

Job No.	Job Title	Number of FTEs	Average Annual Salary	Bonus
1	Regional Director of Rehab.			
2	Area Director of Rehab.			
3	Director of Rehab. Development			
4	Director of Rehab./Rehab. Manager (PT)			
5	Director of Rehab./Rehab. Manager (OT)			
6	Director of Rehab./Rehab. Manager (SLP)			
7	Director of Rehab./Rehab. Manager (PTA)			
8	Director of Rehab./Rehab. Manager (COTA)			

**Report Base Pay Only. Effective Date of Data June 1, 2010.**

							Home Health Only
Job No.	Job Title	Hourly FTEs	Average Hourly Rate	Bonus	Per Diem FTEs	Average Per Diem Rate	Is the Per Diem Rate: Fee for Service = S Per Visit Rate =V
9	Physical Therapist						
10	Physical Therapy Assistant						
11	Physical Therapy Aide						
12	Occupational Therapist						
13	Certified Occupational Therapy Assistant						
14	Occupational Therapy Aide						
15	Speech Language Pathologist						
16	Clinical Specialist						

**Fringe Benefits**

**I. VACATION TIME or PAID TIME OFF (PTO) BANK SYSTEM**

(Paid Time Off is the combined compensated time for all Paid Holidays, Excused Paid Absences, Personal Days, Vacation Time and Sick Leave.)

1. Which of the following does the Facility offer?  PTO  Vacation Time

2. How many days off are given after the number of years shown are worked?

	After 1 Year	After 5 Years	After 10 Years	After 15 Years	After 20 Years
Number of Days Off:	_____	_____	_____	_____	_____

3. When are employees eligible to take PTO/Vacation Time?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> C. After 60 Days | <input type="checkbox"/> E. After 6 Months |
| <input type="checkbox"/> B. After 30 days   | <input type="checkbox"/> D. After 90 days | <input type="checkbox"/> F. After 1 year   |

**II. PAID HOLIDAYS (If included in PTO skip question.)**

1. How many holidays (including Christmas and excluding other religious holidays) are paid though not worked? \_\_\_\_\_

2. How many religious holidays (excluding Christmas) are paid though not worked? \_\_\_\_\_

3. What is the rate of pay for holidays worked?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A. No additional pay | <input type="checkbox"/> C. 2 x base pay     | <input type="checkbox"/> E. 3 x base pay                       |
| <input type="checkbox"/> B. 1 1/2 x base pay  | <input type="checkbox"/> D. 2 1/2 x base pay | <input type="checkbox"/> F. Equal time off (no additional pay) |

4. When are employees eligible for Paid Holidays?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Upon employment | <input type="checkbox"/> C. After 60 Days | <input type="checkbox"/> E. After 6 Months |
| <input type="checkbox"/> B. After 30 days   | <input type="checkbox"/> D. After 90 days | <input type="checkbox"/> F. After 1 year   |

III. HEALTH INSURANCE

1. Does the Facility offer a Health Insurance Program?  Yes  No

2. What is the maximum number of plans offered? (i.e. HMO, PPO, and/or EPO) \_\_\_\_\_

3. How many tiers are offered? (i.e. EE only, EE+Spouse, EE+Family, EE+Domestic Partner) \_\_\_\_\_

4. What is the average annual premium per employee (single)?

HMO: \$ \_\_\_\_\_ PPO: \$ \_\_\_\_\_ EPO: \$ \_\_\_\_\_

5. Who pays for Employee Coverage?

A. Facility pays entire cost.  B. Employee pays entire cost.  C. Facility and employee share cost.

6. What is the percentage paid by the Facility for each plan?

HMO: \_\_\_\_\_ % PPO: \_\_\_\_\_ % EPO: \_\_\_\_\_ %

7. What is the average annual premium per employee for each plan?

	HMO:	PPO:	EPO:
EE+Spouse:	\$ _____	\$ _____	\$ _____
EE+Child:	\$ _____	\$ _____	\$ _____
EE+Family:	\$ _____	\$ _____	\$ _____
EE+Domestic Partner:	\$ _____	\$ _____	\$ _____

8. Who pays for Dependent Coverage?

A. Facility pays entire cost.  B. Employee pays entire cost.  C. Facility and employee share cost.

9. What is the percentage paid by the Facility for each tier?

EE+Spouse: \_\_\_\_\_ % EE+Child: \_\_\_\_\_ % EE+Family: \_\_\_\_\_ % EE+Domestic Partner: \_\_\_\_\_ %

10. What is the waiting period for enrollment?

A. Upon employment  C. After 60 Days  E. After 6 Months  
 B. After 30 days  D. After 90 days  F. After 1 year

IV. DENTAL INSURANCE

1. Does the Facility offer a Dental Insurance Program?  Yes  No

2. What is the average annual premium per employee (single)? \$ \_\_\_\_\_

3. Who pays for Employee Coverage?

A. Facility pays entire cost.  
 B. Employee pays entire cost.  
 C. Facility and employee share cost. Facility pays: \_\_\_\_\_ %

V. VISION INSURANCE

1. Does the Facility offer a Vision Insurance Program?  Yes  No

2. What is the average annual premium per employee (single)? \$ \_\_\_\_\_

3. Who pays for Employee Coverage?

A. Facility pays entire cost.  
 B. Employee pays entire cost.  
 C. Facility and employee share cost. Facility pays: \_\_\_\_\_ %

VI. 401(k)/403(b) PLAN

1. Does the Facility offer a 401(k)/403(b) Plan?  Yes  No

2. Does the Facility match the Employees' contribution?  Yes  No

3. What is the amount the Employer matches? \_\_\_\_\_ %

## Job Descriptions

Job Number	Job Title	Summary
1	Regional Director of Rehab.	Plans, implements and directs the rehabilitation services in multiple facilities across multiple states. Oversees the fiscal integrity and growth of Rehab Services and ensures the quality of clinical programs.
2	Area Director of Rehab.	Manages rehab employees working in multiple locations across a defined key area, such as a state. Accountable for the strategic planning, implementation and direction of the rehabilitation services provided.
3	Director of Rehab. Development	Develops rehabilitation systems in order that all systems and programs comply with regulatory requirements, and company policies. Primary resource for the development of clinical training materials, operational standards, program and product development, continuous quality improvement, survey and accreditation readiness, and practice management processes.
4 thru 8	Director of Rehab.	Manages and coordinates the daily operation of a Rehab Department in a hospital.
4	Director of Rehab./Rehab. Manager (PT)	
5	Director of Rehab./Rehab. Manager (OT)	
6	Director of Rehab./Rehab. Manager (SLP)	
7	Director of Rehab./Rehab. Manager (PTA)	
8	Director of Rehab./Rehab. Manager (COTA)	
9	Physical Therapist	Conducts screens, evaluations, assessments and patient treatments.
10	Physical Therapy Assistant	Conducts patient treatments as designed by a supervising Physical Therapist.
11	Physical Therapy Aide	Perform specific selected or routine tasks, under supervision of Physical Therapist or Physical Therapy Assistant. These duties include preparing the patient and the treatment area. Also performs clerical duties.
12	Occupational Therapist	Conducts screens, evaluations, assessments and patient treatments.
13	Certified Occupational Therapy Assistant	Conducts patient treatments as designed by a supervising Occupational Therapist.
14	Occupational Therapy Aide	Prepare materials and equipment used during treatment. Also performs clerical duties.
15	Speech Language Pathologist	Conducts screens, evaluations, assessments and patient treatments.
16	Clinical Specialist	Coordinates the day-to-day patient care activities of the rehab department and facility staff, ensuring adherence to established clinical policies, protocols, regulations, and standards. Assists in coordinating the rehab department and facility staff to plan and implement therapy programs.