



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

August 30, 2018

Dear Administrator:

This letter is to request information from your facility regarding the State's Minimum Wage increase from January 1, 2019 through January 1, 2021. The Minimum Wage Act (Article 19 of the New York State Labor Law) sets benchmarks for minimum wage through 2021. The Department is surveying health care providers to determine the financial impact of scheduled minimum wage increases over the coming years.

Please complete the survey found at <https://www.surveygizmo.com/s3/4543360/Minimum-Wage-Survey-Hospice-2019> using employee wage data from April 1, 2018 through June 30, 2018 for your facility. If your facility has locations in more than one minimum wage region you will be required to provide the minimum wage data for each region within the survey. There are three Minimum Wage regions identified as New York City, Northern Metropolitan (includes Nassau, Suffolk, and Westchester Counties), and the remainder of the state. Please include in the count of hours for all direct care workers for which your agency can produce a payroll record, including direct contracted staff.

To further identify employees impacted by minimum wage increases, Nursing Home Personnel Function Titles from the Institutional Cost Report were assigned 3 digit numeric codes based on groups of similar Occupational titles. Instructions on completing this section are provided in the survey along with a list of titles and their respective codes.

Surveys are due by **COB Wednesday, September 19, 2018**. Please be aware that due to time constraints, no extensions will be granted. If your facility is not impacted by the minimum wage increase for calendar years 2019 through 2021 or you choose to opt-out of the survey, you are still required to complete questions 1-3 and 5-6 of the survey. Failure to complete this survey will result in default to wage data reported in the facility's 2017 cost report and as such may result in no additional reimbursement. CEO/CFO will be required to attest to the validity of the information provided. All data will be reviewed for reasonableness and may be subject to audit.

If you have any questions regarding the Minimum Wage Survey, please send an email with the subject line **Minimum Wage** to hospice-rates@health.ny.gov.

Sincerely,

Ann Foster
Deputy Director
Division of Finance and Rate Setting
Office of Health Insurance Programs