



## Department of Health

ANDREW M. CUOMO  
Governor

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

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

October 4, 2019

Dear Administrator:

This letter requests information from your facility regarding the State's Minimum Wage increase from January 1, 2020 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 for calendar year (CY) 2020.

Minimum wage for the New York City region reached the statutory minimum wage of \$15.00 per hour effective December 31, 2018 and forward, therefore no minimum wage survey will be required for the region. (As a reference, the five counties of New York City include New York, Queens, Kings, Richmond & the Bronx).

If your facility has locations outside of the New York City region you may complete the minimum wage survey for that region.

Please complete the survey found at <http://www.surveygizmo.com/s3/5250393/56c16dcdbf76> using employee wage data from April 1, 2019 through June 30, 2019 for your facility. If your facility has locations in multiple minimum wage regions, please provide data for each region. Please include hours for all workers with a payroll record, including direct contracted staff for the Northern Metropolitan or Remainder of State regions.

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 Friday, October 18, 2019**. 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 2020 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 2018 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](mailto:hospice-rates@health.ny.gov).

Sincerely,

Laura Rosenthal  
Director, Bureau of Residential Health Care Reimbursement  
Division of Finance and Rate Setting  
Office of Health Insurance Programs