August 28, 2024

CALENDAR YEAR (CY) 2025
HOSPICE MINIMUM WAGE SURVEY
INSTRUCTIONS

MINIMUM WAGE REGIONS:

New York City (NYC) – includes the counties of New York, Kings, Queens, Richmond and the Bronx.

Long Island and/or Westchester – includes the counties Nassau, Suffolk and Westchester.

Remainder of State – all other areas of New York State outside of the five New York City counties, Long Island, and Westchester.

In accordance with section 652 of the New York State Labor Law the minimum wage will increase to $16.50 per hour for New York City, Long Island and Westchester regions and to $15.50 per hour for the Remainder of State, effective January 1, 2025. For hospice providers with employees making less than the minimum wage please complete the 2025 Minimum Wage Survey for the applicable region.

GENERAL:

The NYS Department of Health (DOH) continues to conduct the Minimum Wage Survey as a result of the Minimum Wage Act enacted by the Legislature as per Article 19 of the New York State Labor Law. This survey will help DOH to determine the Medicaid financial impact of this legislation for CY 2025.

When providing the number of employees by region, by band, please only count the employees once (do not count the same employee in more than one region).

****Failure to complete this survey will result in the default to an average wage calculation from data reported in the facility's 2023 cost report, and as such, may result in no additional reimbursement. However, should a facility have no employees with remuneration less than the minimum wage, an opt-out choice is available.**

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ATTESTATION:

Facilities are required to submit an attestation validating the minimum wage data provided on the survey. A link to this attestation is provided within the survey. Since the attestation needs to be uploaded with the survey, it is recommended that the facility's CFO/CEO review the minimum wage data and sign the attestation prior to entering the minimum wage data into the survey.

Once the survey has been completed, please upload a copy of the signed attestation as part of the last question on the survey. Your survey will be deemed incomplete if the signed attestation document has not been included.

SAVING THE SURVEY:

Once you begin your survey, you have the option to save and return to complete it at a later time. To save the survey, click on the '*Save and continue later'* link found in the lower right-hand corner of the page. When using this option, you will be asked to provide an email address. Once you have confirmed your email address, a notification will be sent containing a unique link to your survey. In order to complete the survey that was in process, you **must** use the link provided within the notification.

CONFIRMATION OF SURVEY COMPLETION:

You will receive a completion confirmation via email at the end of this survey. The email, along with a PDF copy of your completed survey, will be automatically sent to the email address provided in the contact information section. Please be advised that this is the only confirmation notice that you will receive.

If you have any questions regarding this survey, please send an email to the following email address and your question will be answered promptly: Hospice-rates@health.ny.gov.

Thank you in advance for your participation.