



2025 Minimum Wage Survey- Nursing Homes

ATTESTATION:

Nursing Homes are required to submit an attestation validating the minimum wage data provided on the survey. A link to this attestation has been provided below. It is recommended that the nursing home'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.

If you have any questions regarding this survey, please send an email to the following email address and your question will be addressed within 2 business days - nfrates@health.ny.gov

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 progress. In order to complete the survey, you **must** use the link provided within the notification.

Thank you in advance for your participation.

[Click to access 2025 Nursing Home MW Attestation](#)

1. Please Verify your Facility Name *

2. Please Verify your Operating Certificate number. (If you have entered an incorrect opcert you will need to exit out of the survey and re-open to enter the correct opcert.) *

3. Is your facility opting out of completing the Minimum Wage Survey? *

- Yes
 - No
-

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4. Please enter the TOTAL number of employees that worked during the week which included April 12, 2024 for your Facility, statewide. Report only for nursing home. Any additional programs/entities reported on the NYS-45 would be reported on their respective surveys.

*This question should be exact to the statewide (Nursing Home) total count as reported on the NYS-45. *

5. Do you have employees that work in the five counties of New York City? As a reference, the five counties of New York City include New York, Kings, Queens, Richmond, and The Bronx. *

Please complete this table for employees that work in the five counties of New York City:

Please provide the TOTAL employees who worked during the week that included **April 12, 2024**, paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position. *

of Employees at each of the following rates :

\$16.00 - \$16.24	<input type="text"/>
\$16.25 - \$16.49	<input type="text"/>
\$16.50 - \$16.74	<input type="text"/>

of Employees at each of the following rates :

\$16.75 - \$16.99

Please complete this table for employees that work in the five counties of New York City:

During the period 4/1/24-6/30/24, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

**When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.*

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours *

of Hours that Employed Staff were paid :

\$16.00 - \$16.24

\$16.25 - \$16.49

\$16.50 - \$16.74

\$16.75 - \$16.99

Please answer for fringe benefits associated with employees that work in the five counties of New York City:

During the period 4/1/24-6/30/24, please calculate the percentage of wages currently spent on payroll taxes (for example, FICA), statutorily required benefits (for example, unemployment, disability, workers comp) and other benefits provided (for example, vacation days) that are paid as a percentage of wages or required to increase if wages go up. Do not include benefits that are not paid as a percentage of wages or required to increase if wages go up, (for example, most health benefits, public transportation, etc.) *

6. Do you have employees that work in Long Island and/or Westchester? *

Yes [dropdown arrow]

Please complete this table for employees that work in Long Island and/or Westchester:

Please provide the TOTAL employees who worked during the week that included **April 12, 2024**, paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position. *

of Employees at each of the following rates:

\$16.00 - \$16.24	<input type="text"/>
\$16.25 - \$16.49	<input type="text"/>
\$16.50 - \$16.74	<input type="text"/>
\$16.75 - \$16.99	<input type="text"/>

Please complete this table for employees that work in Long Island and/or Westchester:

During the period 4/1/24-6/30/24, please provide the total hours that direct Employed Staff that were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination. *When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours *

of Hours that Employed Staff were paid:

\$16.00 - \$16.24	<input type="text"/>
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of Hours that Employed Staff were paid:

\$16.25 - \$16.49

\$16.50 - \$16.74

\$16.75 - \$16.99

Please answer for fringe benefits associated with employees that work in Long Island and/or Westchester:

During the period 4/1/24-6/30/24, please calculate the percentage of wages currently spent on payroll taxes (for example, FICA), statutorily required benefits (for example, unemployment, disability, workers comp) and other benefits provided (for example, vacation days) that are paid as a percentage of wages or required to increase if wages go up. Do not include benefits that are not paid as a percentage of wages or required to increase if wages go up, (for example, most health benefits, public transportation, etc.) *

7. Do you have employees that work in any other area of New York State outside of the five New York City counties, Long Island, and Westchester? *

Yes



Please complete this table for employees that work in all other areas of New York State outside of the five New York City counties, Long Island, and Westchester:

Please provide the TOTAL employees who worked during the week that included April 12, 2024, paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position. *

of Employed staff at each of the following hourly rates:

\$15.00 - \$15.24

\$15.25 - \$15.49

of Employed staff at each of the following hourly rates:

\$15.50 - \$15.74

\$15.75 - \$15.99

Please complete this table for employees that work in all other areas of New York State outside of the five New York City counties, Long Island, and Westchester:

During the period 4/1/24-6/30/24, please provide the total hours that direct Employed Staff were paid at each of the following hourly wage bands.

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff.

Please do not include in this section any paid time off, any portion of fringe benefits, or overtime in the hourly wage band determination.

**When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.*

You may round hours to the nearest hundredth (two decimal places), for example:

106.75 Hours *

of total hours Employees were paid:

\$15.00 - \$15.24

\$15.25 - \$15.49

\$15.50 - \$15.74

\$15.75 - \$15.99

Please answer for fringe benefits associated with employees that work in any other area in New York State outside of the five New York City counties, Long Island, and Westchester:

During the period 4/1/24-6/30/24, please calculate the percentage of wages currently spent on payroll taxes (for example, FICA), statutorily required benefits (for example, unemployment, disability, workers comp) and other benefits provided (for example, vacation days) that are paid as a percentage of wages or required to increase if wages go up. Do not include benefits that are not paid as a percentage of wages or required to increase if wages go up, (for example, most health benefits, public transportation, etc.) *

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2025 Minimum Wage Survey- Nursing Homes

17. Please complete this table for the number of employed staff at each of the following Code Series:

Please complete this table for the employed staff reported in the various wage bands (making less than \$16.50/hr. - NYC, Long Island and Westchester, or \$15.50/hr. - Remainder of state) aggregating them into each of the following Code Series. Report the number of these employees based on those working during the week of April 12, 2024.

To complete the total employees by Code Series, you will need to identify the Nursing Home Personnel Function Title of each employee being paid less than \$16.50/hr. Each Nursing Home Personnel Function Title has been assigned a corresponding Code. **Employees cannot be counted in multiple Series. Please choose a Code Series that reflects the largest percentage of the Employee's job responsibilities.**

[Please click here for Code Series Titles](#)

Employed Staff should include direct full and part time employees on the Facility's payroll, including field and administrative staff. **When completing the survey, you will need to account for any vacant position, by band, at the hiring rate of the position.**

*

of Employees within each Title Code Series

100 Series	<input type="text"/>
200 Series	<input type="text"/>
300 Series	<input type="text"/>
400 Series	<input type="text"/>
500 Series	<input type="text"/>
600 Series	<input type="text"/>

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18. Contact Information of the individual completing the survey:

*

First Name *

Last Name *

Title

Email Address *

Phone Number *

19. ATTESTATION:

I hereby attest that this survey was completed to the best of my knowledge and ability and is true and complete. I will provide any supporting documentation requested by the NYS Department of Health, the NYS Department of Labor, the NYS Office of the Medicaid Inspector General, and/or any other enforcement, audit, or oversight agency and/or body.

If you have not done so, please use the following link to access the attestation document:

[Click to access 2025 Nursing Home MW Attestation](#)

Please have your agency's CEO or CFO sign off on this attestation

document and attach it as a pdf file. The survey will not be complete until this attestation document has been provided.

Click on "browse" to attach the document. *

Browse...

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Submit

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August 28, 2025

**CALENDAR YEAR (CY) 2025
NURSING HOME MINIMUM WAGE SURVEY
INSTRUCTIONS**

2025 SURVEY LINK: <https://survey.alchemer.com/s3/7977904/2025-Minimum-Wage-Survey-Nursing-Homes>

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 nursing homes 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.

All minimum wage data associated with reimbursable services reported in the Nursing Home Cost Report (RHCF IV) should be reported on this survey. However, Home Health services should be **excluded** as the minimum wage adjustment is being handled separately.

Also, nursing homes which operated as hospital-based nursing homes will be required to complete a Nursing Home - Minimum Wage Survey to capture the hospital-based nursing home minimum wage data. You must **exclude** the HOSPITAL minimum wage data from the Nursing Home - Minimum Wage Survey.

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.**

August 28, 2025

ATTESTATION:

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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.

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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: NFRATES@health.ny.gov.

Thank you in advance for your participation.