



KATHY HOCHUL
Governor

Department of Health

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

April 26, 2023

Dear Administrator:

**RE: 2022 Initial Rates - Certified Home Health Agencies (CHHA – Pediatric),
Licensed Home Care Service Agencies (LHCSA – Personal Care),
Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP – FI)**

The initial 2022 Medicaid rate computation sheets (for January 1, 2022, April 1, 2022, and October 1, 2022) are now available on the Health Commerce System (HCS) website. These Medicaid Fee-for-Service (FFS) rates were developed based on the data submitted in the 2020 Home Care Cost Reports.

As part of the Department of Health's new cost reporting and rate development process, all FFS rates for Personal Care, CDPAP, and Pediatric CHHA services will be based on the data entered within the agencies' Home Care Cost Report submissions. Agencies are encouraged to review the initial rate sheets posted on the HCS (rate sheet templates provided as Attachment A) and confirm that the calculated rate is consistent with their 2020 cost reporting. As this cost reporting process is new, the Department is allowing providers the opportunity to review and appeal their initial rates prior to loading those rates to eMedNY. Attachment B to this letter provides instructions on how to access the 2022 initial rate sheets on the HCS.

Providers may appeal their 2022 rates by logging into the 2020 web-based Home Care Tool and accessing the rate certification tab to file an adjusted cost report reflecting changes in schedule 3, 4, 5 and 7 data. The corrections must be electronically certified by either the Operator or Chief Executive Officer of the Agency (Attachment C provides instructions on how to submit the rate certification and Adjusted Cost Report within the 2020 Tool). No certifications will be accepted from accountants or consultants. Any appeals and submission of adjusted cost reports must be completed within the 90 day appeal period. The deadline to file an appeal in the Tool is the end of business, **July 31, 2023**. The Tool can be found by clicking on the following link:

<https://desoto.certisphere.com/doh/HomeCareDashboard.html>

In an effort to support providers that either have minimal or no changes, providers may access the Tool and certify that they have no changes, or appeal within the first 30 days. The Department will draw down the first group of certifications and appeals after 30 days (after June 1, 2023). These adjusted submissions will be used to calculate rates, which will then go through the standard approval process and be loaded to eMedNY. Providers that require more time will have until the deadline of **July 31, 2023**, at which point the Department will again draw down that information for rate setting purposes.

For those agencies that did not submit their 2020 Home Care Cost Report, the Department is not able to calculate a 2022 rate until the cost report(s) are submitted. Please also be reminded that failure to comply with the reporting requirements of Title 10, Parts 86-1.2, 1.3, 1.6 and 1.7 may result in the implementation of penalties pursuant to Part 86-1.2(c) and Section 12-d of the Public Health Law. Also, failure to make necessary corrections to the cost report during the appeals period will result in the rates currently posted on the HCS taking effect, and being loaded into eMedNY as calculated, based on the originally submitted 2020 cost report. Once the appeals period has concluded, rates will be finalized and further guidance will be provided.

Finally, the Department of Health will be hosting an informational webinar on the calculation and certification of the initial 2022 Medicaid rates, on **May 2, 2023, at 9 a.m.** To register for this webinar, please use the WebEx link in the email instructions.

The Department will briefly explain the rate development methodology and calculations, as well as how the filed 2020 cost reports data impacts the 2022 rates calculation. The web-based Tool and appeal process will also be discussed. At the conclusion of the webinar, a question and answer session will be offered as an opportunity to provide clarity and help address potential reporting errors – prior to the appeal deadline of **July 31, 2023.**

This letter is being sent to the agency contacts who provided their email addresses with their 2020 cost report submissions. Please share this correspondence with any additional agency personnel who may find it useful and who were not included in the original email list.

If you have any questions regarding the information contained in this correspondence please contact the Bureau of Nursing Home and Long Term Care Rate Setting email inboxes as follows: for CHHAs CHHA-Rates@health.ny.gov or LHCSAs and FIs PersonalCare-Rates@health.ny.gov.

Sincerely,



Laura Rosenthal, Director
Bureau of Nursing Home and
Long Term Care Rate Setting
Division of Finance and Rate Setting
Office of Health Insurance Programs

Enclosures:

Attachment A – January 1, 2022 Rate Sheet Templates

Attachment B – Instructions to Access the 2022 Notice Rates Posted to the Health Commerce System

Attachment C – Appeal and Certification Guidance

Attachment A – January 1, 2022 Rate Sheet Templates

(Included as separate PDF copies to this letter)

ATTACHMENT B – Instructions to Access the 2022 Notice Rates Posted to the Health Commerce System

Health Commerce System (HCS) Instructions:

- 1) Login to HCS: https://commerce.health.state.ny.us/public/hcs_login.html;
- 2) Under “My Applications”, select **Healthcare Finance Data Gateway** (or go to “My Content” from the top line menu, then All Applications to search for the application under “C” for CHHA or “P” for Personal Care);
- 3) Click on the **Publications** section of this new application;
- 4) Under **Organization Type**, select either “**Home Health Agency**” or “**Personal Care**” from the drop down menu;
- 5) Under **Collection**, select either of the following “**Jan, April or Oct 2022 Rates**” from the drop down menu;
- 6) Under **Package**, select “**Jan, April or Oct 2022 Rates**” from the drop down menu and
- 7) Under **Organization**, select your agency, then select **Search**.
- 8) Next select **Download**.

Please note:

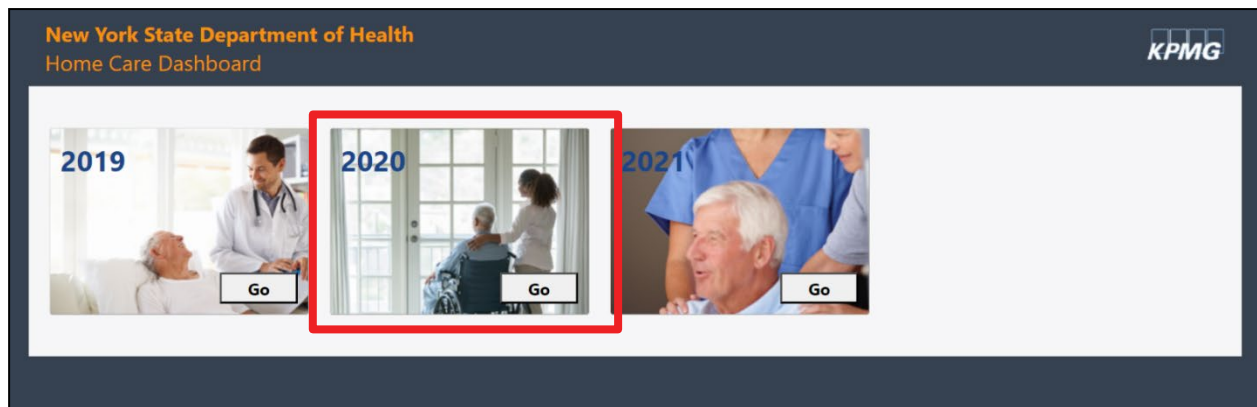
If you have problems accessing your HCS account due to the expiration of your password, please contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

ATTACHMENT C – HOME CARE COST REPORT RATE CERTIFICATION

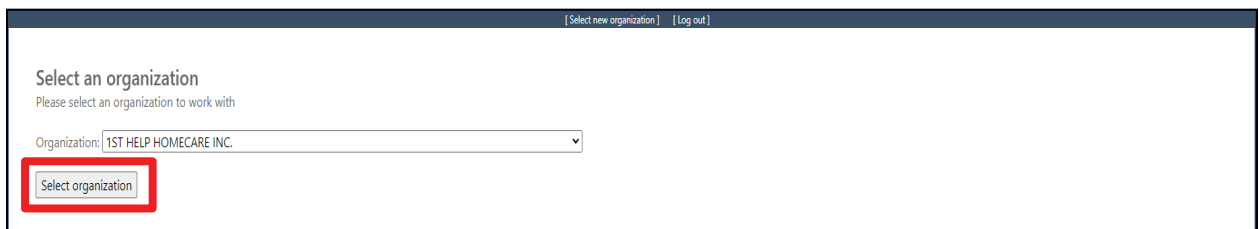
Steps to appeal or accept the Medicaid rates in the 2020 Home Care Cost Report Tool:

Step 1: Navigate to the Home Care web-based Tool page at the following link: <https://desoto.certisphere.com/doh/HomeCareDashboard.html>. Once you enter the link, please select the “2020” option (shown below) and click “Go.”

Step 2: Enter your username (email address) and password to log in to the Tool. If you forgot your password, please click the “Forgot Password?” link on the Web-based Tool log-in page. You will then receive an email containing the steps to reset your password. If you have any other difficulties logging in, please send an inquiry to the KPMG Home Care Cost Report mailbox at us-advrisknyshc@kpmg.com.



Step 3: Once you have successfully logged in, you will be prompted to select your agency using the drop-down menu as shown below. Click the drop-down option, select the applicable agency, and click “Select organization.”

The image shows a screenshot of a web form titled 'Select an organization'. At the top right, there are links for '[Select new organization]' and '[Log out]'. The main text says 'Please select an organization to work with'. Below this is a dropdown menu with 'Organization: TST HELP HOMECARE INC.' selected. A red rectangular box highlights a button labeled 'Select organization' located below the dropdown menu.

Step 4: Navigate to the “Rate Certification” tab pictured below. Please review the information within this tab carefully. Then, enter the name, title, and email address of the executive-level individual completing the certification and use the multiple-choice options to accept or appeal the 2022 Medicaid

reimbursement rate(s) calculated by the Department. You may include an explanation for your acceptance or appeal within the text box provided.

| | | | | | | | | | | | | | |
|--------------|----------------------------------|---------------------|-----------------------|-----------------------|------------------------|------------------------|------------|---------------------|-----------------------|-------------------|---------------------|---------------------------|-----------|
| Instructions | Frequently Asked Questions (FAQ) | Reporting Hierarchy | Cost Report Schedules | General Questionnaire | Cost Report Submission | Documentation Requests | Extensions | Contact Information | Agency Representation | Audit / Questions | Data Representation | Rate Certification | Reporting |
|--------------|----------------------------------|---------------------|-----------------------|-----------------------|------------------------|------------------------|------------|---------------------|-----------------------|-------------------|---------------------|---------------------------|-----------|

Rate Certification

The New York State Department of Health communicated the initial 2022 Medicaid rates within a Dear Administrator Letter sent to Test Organization via email on 4/17/23. These rates were calculated using the data submitted within the 2020 Home Care Cost Report. Please review the rate(s) communicated to you by the Department. If you have not received this communication, or have questions regarding the rate calculation, please send an inquiry with the subject line "2022 rate calculation" to CHHA-Rates@health.ny.gov (for CHHA related questions) or PersonalCare-Rates@health.ny.gov (for LHCSA and FI questions). Please note that rate-related questions should not be sent to us-adviskrnys@kpmg.com.

Using the options below, please indicate whether you accept the 2022 rate(s), or would like to appeal the rate(s). If you choose to appeal the 2022 rates communicated by the Department, you will have 90 calendar days from receipt of the Dear Administrator Letter (by 7/09/23) to refile Schedules 3, 4, 5, and 7 of the 2020 cost report, within the "Adjusted Cost Report Schedules" tab in the Tool. If you choose to appeal your 2022 rate, once you select the submit button below, you will be directed to the "Adjusted Cost Report Schedules" tab of the Tool, where you will be required to complete and submit updated cost report data for Schedules 3, 4, 5, and 7. If the appeal submission is not accompanied by an adjusted cost report submission, the appeal will not be considered. If the Adjusted Cost Report is submitted, the adjusted cost report data will be used by the Department to calculate new 2022 rates. If the Adjusted Cost Report is not submitted within the 90 days allotted, the original 2020 Cost Report and the current 2022 rate(s) will be considered final.

The Department requires that the rate certification process should be completed by an officer of the home care agency or a member of the home care agency's senior management team. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.

Please provide the name and title of the official certifying the 2022 Medicaid reimbursement rate(s) communicated by the Department.

| | | | | | |
|------|------|-------|-------|---------------|---------------|
| Name | Name | Title | Title | Email Address | Email Address |
|------|------|-------|-------|---------------|---------------|

I accept the 2022 Medicaid rates calculated by the Department

I would like to appeal the 2022 Medicaid rates calculated by the Department and refile the 2020 cost report within 90 days of receipt of the 2022 Notice Rate Dear Administrator Letter

Explanation

Step 5: Submit your acceptance or appeal by clicking the "Submit" button.

Please respond accordingly and submit

I accept the 2022 Medicaid rates calculated by the Department

I would like to appeal the 2022 Medicaid rates calculated by the Department and refile the 2020 cost report within 90 days of receipt of the 2022 Notice Rate Dear Administrator Letter

Explanation

Step 6 (Optional): If you would like to specify the specific rate(s) for which you agree or disagree to retain as a reference within the cost report web-based tool, you may complete the table(s) below in the bottom of the tab. Note that one table will appear for each entity type (CHHA, LHCSA, FI) that your agency operates. For example, if your agency operates LHCSA and FI entities, two tables will appear (one for LHCSA rates and one for FI rates).

The following section is optional. If your agency would like to further specify the rate(s) it agrees or disagrees with as a reference to retain in the Cost Report web-based tool, you may complete the following section.

In the chart below, please fill out the requested rate information for each CHHA rate received. Using the drop-down options, select the operating certificate and service type for the rate(s) received. Then, please enter the Medicaid rate dollar value communicated by DOH for that county and service type. Lastly, please select "agree" or "disagree."
If you operate multiple entities and service types, please use the "Add row" feature to the right of the chart to add a row for each rate received.

| Operating Certificate | Service Type | Notice rate communicated by DOH | Agree/Disagree with the notice rate | Comments |
|-----------------------|---------------------------|---------------------------------|---|----------|
| | --Select a Service Type-- | 0 | <input checked="" type="radio"/> Agree <input type="radio"/> Disagree | xx |
| | --Select a Service Type-- | 0 | <input type="radio"/> Agree <input checked="" type="radio"/> Disagree | x |
| | --Select a Service Type-- | 0 | <input checked="" type="radio"/> Agree <input type="radio"/> Disagree | |
| | --Select a Service Type-- | | <input type="radio"/> Agree <input type="radio"/> Disagree | |

Add row

Step 7 (for agencies that appeal their rate): After the rate appeal has been submitted, you must navigate to the "Adjusted Cost Report Schedules" tab in the Tool (see image on the following page). This tab will be unlocked for your agency to make changes to Schedules 3, 4, 5, and 7. Note that the information from your agency's original cost report submission will be copied into this tab, so that you can efficiently execute the adjustments to your original submission. For further information on the rate calculation and specific cost report inputs that impact the rate, please attend the informational webinar hosted by the Department on May 2nd.

Once edits are complete, you will need to review the certification at the top of tab to verify the accuracy and completeness of the adjusted data, enter the name and title of the individual certifying and submitting the adjusted cost report, and click the "Submit Adjustments" button (shown in image on following page). Note that the Adjusted Cost Report is required to be certified and submitted by an officer of the agency or member of the agency's senior management team.

If the adjusted cost report was successfully submitted, you will see a "submitted" stamp in place of the previous "submit adjustments" button. The adjusted cost report data will be used by the Department to calculate new 2022 rate(s). Please note that the adjusted cost report must be submitted within 90 days of receiving the "Dear Administrator Letter" from the Department. If the Adjusted Cost Report is not submitted within these 90 days, the original 2020 Cost Report and the current 2022 rate(s) will be considered final.

**New York State Department of Health
Medicaid Personal Care Rates -- Effective January 01, 2022**

Agency:

MMIS ID: xxxxxxxx
Locator Code: xxx

County:

Region:

| Rate Components | | Personal Care Services | | | | | | | |
|---------------------------------|--|------------------------|---------------|----------------------------|---------------|--------------------------|--------------------------|------------------------|-----------------------|
| | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
| Direct Care and Training | | | | | | | | | |
| (1) | Direct Care & Training Costs | | | | | | | | |
| (2) | Direct Care & Training Regional Ceiling (capped at 115% of regional average) | | | | | | | | |
| (3) | Direct Care & Training Rate (Lower of Direct Care & Training Costs or Regional Ceiling) [Lower of (1) or (2)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Administration | | | | | | | | | |
| (4) | Admin Cost (excluding Capital and Background & Fingerprinting) | | | | | | | | |
| (5) | Admin Ceiling (capped at 28% of Total Costs) | | | | | | | | |
| (6) | Direct Care & Training Regional Ceiling | | | | | | | | |
| (7) | Lower of Admin Cost or Admin Ceiling or DC&T Ceiling [Lower of (4), (5) or (6)] | | | | | | | | |
| (8) | Capital Costs | | | | | | | | |
| (9) | Background & Fingerprinting Costs | | | | | | | | |
| (10) | Admin Cost (including Capital and Background & Fingerprinting) [(7) + (8) + (9)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| (11) | Admin and Direct Care & Training Rate [(3) + (10)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Rate Add-Ons | | | | | | | | | |
| (12) | Profit / Surplus | | | | | | | | |
| (13) | Total Rate [(11) + (12)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| (14) | Public Charge Rate | | | | | | | | |
| (15) | Lower of Total Rate or Public Charge Rate (if > \$0) | | | | | | | | |
| (16) | Minimum Wage | | | | | | | | |
| (17) | Worker Recruitment & Retention [(15) + (16)] * 4.56% | | | | | | | | |
| (18) | Final Rate [(15) + (16) + (17)] | | | | | | | | |
| | One Client | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Two Clients | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | One Client 1/4 hour | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Two Clients 1/4 hour | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

New York State Department of Health
Supporting Calculation for Medicaid Personal Care Rates Effective January 01, 2022

Agency:

MMIS ID: xxxxxxxx
Locator Code: xxx

County:
Region:

1. Direct Care & Training Costs

| Rate Components | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
|-----------------|---|-----------|-----------|-------------------------|---------|-----------------------|-----------------------|---------------------|--------------------|
| (1) | Direct Care & Training cost by service (Sch 3b col 005/006 & 007-010) | | | | | | | | |
| (2) | Hours/Visits by service (Sch 5b col 023 or 024) | | | | | | | | |
| (3) | Direct Care & Training cost per hour/visit | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

2. Admin Cost (excluding Capital and Background & Fingerprinting)

| Rate Components | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
|-----------------|---|-----------|-----------|-------------------------|---------|-----------------------|-----------------------|---------------------|--------------------|
| (1) | Program admin cost by service (Sch 3b col 004) | | | | | | | | |
| (2) | Total program admin cost across Sch 3b (Sch 3b col 004 line 010) | | | | | | | | |
| (3) | Admin Percent [(1) / (2)] | | | | | | | | |
| (4) | Hours/Visits by service (Sch 5b col 023 or col 024) | | | | | | | | |
| (5) | Admin Cost per hour/visit [(1) / (4)] | | | | | | | | |
| (6) | Capital Cost across Sch 4b (Sch 4b total of col 004 lines 002-003 & 005-011 & 015) | | | | | | | | |
| (7) | Capital Cost per hour/visit by service [(3) * (6) / (4)] | | | | | | | | |
| (8) | Background & Fingerprinting across Sch 4b (Sch 4b col 003 line 001) | | | | | | | | |
| (9) | Background & Fingerprinting Cost per hour/visit by service [(3) * (8) / (4)] | | | | | | | | |
| (10) | Admin Cost (excluding Capital and Background & Fingerprinting) [(5) - (7) - (9)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

3. Admin Ceiling

| Rate Components | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
|-----------------|--|-----------|-----------|-------------------------|---------|-----------------------|-----------------------|---------------------|--------------------|
| (1) | Allowable Cost by service (Sch 3b col 003) | | | | | | | | |
| (2) | Hours/Visits by service (Sch 5b col 023 or 024)) | | | | | | | | |
| (3) | Admin Ceiling [28% * (1) / (2)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

4. Profit / Surplus Add-On

| Rate Components | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
|-----------------|--|-----------|-----------|-------------------------|---------|-----------------------|-----------------------|---------------------|--------------------|
| (1) | Admin and Direct Care & Training Rate | | | | | | | | |
| (2) | Allowable costs for aide wages and benefits across Sch 3b (Sch 3b col 005/006 & 008-010) | | | | | | | | |
| (3) | Total Allowable cost across Sch 3b (Sch 3b col 003) | | | | | | | | |
| (4) | 6 Months T-Bill rate (As on 29 Sept 2021) | | | | | | | | |
| (5) | Profit / Surplus Percentage Adjustment [(2) / (3) * (4)] | | | | | | | | |
| (6) | Profit / Surplus Add-On [(1)*(5)] | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

5. Public Charge Rate

| Rate Components | | Level One | Level Two | Level Two Hard To Serve | Live-in | Shared Aide Level One | Shared Aide Level Two | Nursing Supervision | Nursing Assessment |
|-----------------|-------------------------------------|-----------|-----------|-------------------------|---------|-----------------------|-----------------------|---------------------|--------------------|
| (1) | Public Charge Rate (Sch 7b col 001) | | | | | | | | |

6. Minimum Wage Adjustment

| | | 2022 | 2021 |
|-----|---|--------|--------|
| (1) | Base Rate Increase | | |
| | Downstate | \$1.00 | \$1.00 |
| | Upstate | \$0.70 | \$0.70 |
| (2) | Fringe Benefits | | |
| | Downstate | \$0.18 | \$0.18 |
| | Upstate | \$0.12 | \$0.12 |
| (3) | MW Increase | | |
| | Downstate (Base Rate + Fringe Benefits) | \$1.18 | \$1.18 |
| | Upstate (Base Rate + Fringe Benefits) | \$0.82 | \$0.82 |

| 2022 MW Adjustment | Live-in (13 hours) | Other Personal Care Services |
|-------------------------|--------------------|------------------------------|
| Downstate (2021 & 2022) | \$30.56 | \$2.35 |
| Upstate (2021 & 2022) | \$21.35 | \$1.64 |

**New York State Department of Health
Medicaid CDPAS Rates -- Effective January 01, 2022**

Agency:

MMIS ID: xxxxxxxx

Locator Code: xxx

County:

Region:

| Rate Components | | Consumer Directed Services | | |
|-----------------|--|----------------------------|----------------------------|---------------------------|
| | | Consumer Directed | Consumer Directed Enhanced | Consumer Directed Live-in |
| | Direct Care and Training | | | |
| (1) | Direct Care & Training Costs | | | |
| (2) | Direct Care & Training Regional Ceiling (capped at 115% of regional average) | | | |
| (3) | Direct Care & Training Rate (Lower of Direct Care & Training Costs or Regional Ceiling) [Lower of (1) or (2)] | \$0.00 | \$0.00 | \$0.00 |
| | Capital and Background & Fingerprinting Costs | | | |
| (4) | Capital Costs | | | |
| (5) | Background & Fingerprinting Costs | | | |
| (6) | Total Capital and Background & Fingerprinting Costs [(4) + (5)] | \$0.00 | \$0.00 | \$0.00 |
| (7) | Direct Care & Training Rate and Capital and Background & Fingerprinting Costs [(3) + (6)] | \$0.00 | \$0.00 | \$0.00 |
| | Rate Add-Ons | | | |
| (8) | Profit / Surplus | | | |
| (9) | Total Rate [(7) + (8)] | \$0.00 | \$0.00 | \$0.00 |
| (10) | Public Charge Rate | | | |
| (11) | Lower of Total Rate or Public Charge Rate (if > \$0) | | | |
| (12) | Minimum Wage | | | |
| (13) | Worker Recruitment & Retention [(11) + (12)]*4.56% | | | |
| (14) | Final Rate [(11) + (12) + (13)] | | | |
| | One Client | \$0.00 | \$0.00 | \$0.00 |
| | Two Clients | \$0.00 | \$0.00 | \$0.00 |
| | One Client 1/4 hour | \$0.00 | \$0.00 | |
| | Two Clients 1/4 hour | \$0.00 | \$0.00 | |

**New York State Department of Health
Supporting Calculation for Medicaid CDPAS Rates Effective January 01, 2022**

Agency:

MMIS ID: xxxxxxxx

Locator Code: xxx

County:

Region:

1. Direct Care & Training Costs

| Rate Components | | Consumer Directed | Consumer Directed | Consumer Directed Live-in |
|-----------------|--|-------------------|-------------------|---------------------------|
| (1) | Direct Care & Training cost by service (Sch 3c col 005 & 007-010) | | | |
| (2) | Hours/Visits by service (Sch 5c col 023 or 024) | | | |
| (3) | Direct Care & Training cost per hour/visit | \$0.00 | \$0.00 | \$0.00 |

2. Admin Cost (excluding Capital and Background & Fingerprinting)

| Rate Components | | Consumer Directed | Consumer Directed | Consumer Directed Live-in |
|-----------------|--|-------------------|-------------------|---------------------------|
| (1) | Program admin cost by service (Sch 3c col 004) | | | |
| (2) | Total program admin cost across Sch 3c (Sch 3c col 004 line 007) | | | |
| (3) | Admin Percent [(1) / (2)] | | | |
| (4) | Hours/Visits by service (Sch 5c col 023 or col 024) | | | |
| (5) | Admin Cost per hour/visit [(1) / (4)] | NA* | | |
| (6) | Capital Cost across Sch 4c (Sch 4c total of col 004 lines 002-003 & 005-011 & 015) | | | |
| (7) | Capital Cost per hour/visit by service [(3) * (6) / (4)] | | | |
| (8) | Background & Fingerprinting across Sch 4c (Sch 4c col 003 line 001) | | | |
| (9) | Background & Fingerprinting Cost per hour/visit by service [(3) * (8) / (4)] | | | |
| (10) | Admin Cost (excluding Capital and Background & Fingerprinting) [(5) - (7) - (9)] | NA | | |

* Outside of Capital Cost and Background & Fingerprinting, admin reimbursement for FIs occurs separately through a tiered utilization approach.

3. Profit / Surplus Add-On

| Rate Components | | Consumer Directed | Consumer Directed | Consumer Directed Live-in |
|-----------------|---|-------------------|-------------------|---------------------------|
| (1) | Admin and Direct Care & Training Rate | | | |
| (2) | Allowable costs for aide wages and benefits across Sch 3c (Sch 3c col 005 & col 008-010) | | | |
| (3) | Total Allowable cost across Sch 3c (Sch 3c col 003) | | | |
| (4) | 6 Months T-Bill rate (As on 29 Sept 2021) | | | |
| (5) | Profit / Surplus Percentage Adjustment [(2) / (3) * (4)] | | | |
| (6) | Profit / Surplus Add-On [(1)*(5)] | \$0.00 | \$0.00 | \$0.00 |

4. Public Charge Rate

| Rate Components | | Consumer Directed | Consumer Directed | Consumer Directed Live-in |
|-----------------|--|-------------------|-------------------|---------------------------|
| (1) | Public Charge Rate (Sch 7c col 001) | | | |

5. Minimum Wage Adjustment

| | | 2022 | 2021 |
|-----|--|---------------|---------------|
| (1) | Base Rate Increase | | |
| | Downstate | \$1.00 | \$1.00 |
| | Upstate | \$0.70 | \$0.70 |
| (2) | Fringe Benefits | | |
| | Downstate | \$0.18 | \$0.18 |
| | Upstate | \$0.12 | \$0.12 |
| (3) | Fringe Benefits | | |
| | Downstate (Base Rate + Fringe Benefits) | \$1.18 | \$1.18 |
| | Upstate (Base Rate + Fringe Benefits) | \$0.82 | \$0.82 |

| 2022 MW Adjustment | Live-in (13 hours) | Other CDPAS Services |
|-------------------------|--------------------|----------------------|
| Downstate (2021 & 2022) | \$30.56 | \$2.35 |
| Upstate (2021 & 2022) | \$21.35 | \$1.64 |

**New York State Department of Health
Medicaid Certified Home Health Care Agency Rates Effective January 1, 2022**

Agency:

OPCERT: xxxxxxx
MMIS ID: xxxxxxx
Locator Code: xxx

County:
Region:
Group:

| Rate Components | | Certified Home Health Care Services | | | | |
|---|--|-------------------------------------|------------------|----------------|----------------------|------------------|
| | | Nursing | Physical Therapy | Speech Therapy | Occupational Therapy | Home Health Aide |
| Total Allowable Costs (including all Administrative Expenses): | | | | | | |
| 1) | Cost/Visit or Cost/Hour (for HHA) | | | | | |
| 2) | Regional Group Ceiling (Total Regional Cost/Visit or Total Regional Cost/Hour) | | | | | |
| 3) | Current Charges | | | | | |
| 4) | Lower of 1) Cost/Visit/ or Cost/Hour, 2) Regional Group Ceiling, 3) Current Charges (if > \$0) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Disallowed Administrative Expenses (Subject to Statewide Admin Cap): | | | | | | |
| 5) | Total Agency Admin & General Cost | | | | | |
| 6) | Allowable Admin & General Cap | | | | | |
| 7) | Disallowed A&G (6-5) | | | | | |
| 8) | Total Rate (4+7) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 9) | Minimum Wage Adjustment | | | | | |
| 10) | Worker Recruitment & Retention Adjustment [(8+9)*2.25%] | | | | | |
| 11) | Recruitment, Training & Retention Adjustment [(8+9) * 4.70%] | | | | | |
| 12) | Final Rate (8+9+10+11) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**New York State Department of Health
Supporting Calculation for CHHA Rate Effective January 1, 2022**

Agency:

OPCERT: xxxxxxxx

County:

MMIS ID: xxxxxxxx

Region:

Locator Code: xxx

Group:

| Rate Components | | Nursing | Physical Therapy | Speech Therapy | Occupational Therapy | Home Health Aide | Cost Report Reference / Formula |
|---|---|---------------|------------------|----------------|----------------------|------------------|---|
| Total Allowable Costs (including all Administrative Expenses) | | | | | | | |
| 1) | Total Visits (Therapy Services) or Hours (HHA) | | | | | | Sch. 5a.1 & 5a.2 Col 023 + Col 024 converted to visits for Nursing (1 visit = 13 hours). Nursing - lines 004, 015, 016; PT - line 002; Speech - lines 007, 010, OT - lines 003, HHA - lines 001, 008, 011 - 014, 017, 019 |
| 2) | Medical Social Services / Nutrition / Social & Environmental Support Units Reallocation | | | | | | Sch. 5a.1 & 5a.2 Col 023; lines 005, 006, 009 reallocated to therapy services based on service % of therapy (Nursing, PT, Speech, OT) visits (1) + (2) |
| 3) | Adjusted Allowable Visits (Therapy Services) or Hours (HHA) | | | | | | Sch. 3a, Col 003; lines 001, 002, 003, 004, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018 |
| 4) | Allowable Costs | | | | | | Sch. 3a, Col 003; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) costs (4) + (5) |
| 5) | Medical Social Services / Nutrition / Social & Environmental Support Cost Reallocation | | | | | | (6) / (3) |
| 6) | Adjusted Allowable Costs | | | | | | Sch. 7a, Col "Current Charges to the General Public". Nursing - line 004, PT - line 002, OT - line 003, Speech - lines 007, 010, HHA - lines 001, 008. |
| 7) | Cost/Visit or Cost/Hour for HHA | | | | | | Sch. 7a, Col "Current Charges to the General Public" lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech OT) current charges |
| 8) | Initial Current Charges | | | | | | |
| 9) | Medical Social Services / Nutrition / Social & Environmental Support Current Charges Reallocation | | | | | | |
| 10) | Current Charges | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (8) + (9) |
| Disallowed Administrative Expenses (Subject to Statewide Admin Cap): | | | | | | | |
| 11) | Total Allowable Costs (All Services) | | | | | | Sch. 3a, Col 003, line 019 |
| 12) | Capital Related - Buildings & Fixtures | | | | | | Sch. 4a, Col 004, lines 002,005,006,008,009,015 |
| 13) | Capital Related - Moveable Equipment | | | | | | Sch. 4a, Col 004, lines 003,007,010,011 |
| 14) | Total Capital Costs | | | | | | (12) + (13) |
| 15) | Total Operating Costs | | | | | | (11) - (14) |
| 16) | Total Admin & General Costs | | | | | | Sch. 4a, Col 004, lines 014, 016, 018 |
| 17) | Agency Admin & General Cost Percentage | | | | | | (16) / (15) |
| 18) | Statewide Average Cap Admin & General Cost Percentage | | | | | | See #41 in Statewide Average Cap Support table below for calculation |
| 19) | Allowable Admin & General Cost Percentage | | | | | | Lower of (17) or (18) |
| 20) | Total Agency & Admin General Cost | | | | | | Page 1 - CHHA #4 * (17) |
| 21) | Allowable Admin & General Cap | | | | | | Page 1 - CHHA #4 * (19) |
| 22) | Disallowed A&G | | | | | | (21) - (20) |

| Group Ceiling Support | | Nursing | Physical Therapy | Speech Therapy | Occupational Therapy | Home Health Aide | Cost Report Reference / Formula |
|---|---|---------------|------------------|----------------|----------------------|------------------|---|
| Cost/Visit or Cost/Hour (All Agencies in Regional Group) | | | | | | | |
| 23) | Total Visits / Hours (All Agencies in Regional Group) | | | | | | Sch. 5a.1 & 5a.2 Col 023 + Col 024 converted to visits for Nursing (1 visit = 13 hours). Nursing - lines 004, 015, 016; PT - line 002; Speech - lines 007, 010, OT - lines 003, HHA - lines 001, 008, 011 - 014, 017, 019 |
| 24) | Medical Social Services/Nutrition/Social & Environmental Support Units Reallocation (All Agencies in Regional Group) | | | | | | Sch. 5a.1 & 5a.2 Col 023; lines 005, 006, 009 reallocated to therapy services based on service % of therapy (Nursing, PT, Speech, OT) visits (23) + (24) |
| 25) | Adjusted Allowable Visits (All Agencies in Regional Group) | | | | | | Sch. 3a, Col 003; lines 001, 002, 003, 004, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018 |
| 26) | Allowable Costs (All Agencies in Regional Group) | | | | | | Sch. 3a, Col 003; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) costs (26) + (27) |
| 27) | Medical Social Services/Nutrition/Social & Environmental Support Allowable Cost Reallocation (All Agencies in Regional Group) | | | | | | (28) / (25) |
| 28) | Adjusted Allowable Costs (All Agencies in Regional Group) | | | | | | |
| 29) | Cost / Visit or Cost / Hour (All Agencies in Regional Group) | | | | | | |
| Group Ceiling Calculation | | | | | | | |
| 30) | Service Cap | | | | | | (29) * (125% ceiling percent) |
| 31) | Service Base | | | | | | (29) * (75% base percent) |
| 32) | Service Centered Costs | | | | | | Sum for all agencies in regional group: [Agency-Specific step (3)] * [Agency-Specific step (7) capped at step (30) and floored at step (31)] |
| 33) | Service Centered Average Rate | | | | | | (32) / (25) |
| 34) | Group Ceiling | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | (33) * (110% high percent) |

| Statewide Average Cap Support | | Nursing | Physical Therapy | Speech Therapy | Occupational Therapy | Home Health Aide | Cost Report Reference / Formula |
|--|---|---------|------------------|----------------|----------------------|------------------|---|
| Build-Up (All Agencies Statewide) | | | | | | | |
| 35) | Total Allowable Costs (All Agencies Statewide) | | | | | | Sch. 3a, Col 003, line 019 |
| 36) | Capital Related - Buildings & Fixtures (All Agencies Statewide) | | | | | | Sch. 4a, Col 004, lines 002,005,006,008,009,015 |
| 37) | Capital Related - Moveable Equipment (All Agencies Statewide) | | | | | | Sch. 4a, Col 004, lines 003,007,010,011 |
| 38) | Total Capital Costs (All Agencies Statewide) | | | | | | (36) + (37) |
| 39) | Total Operating Costs (All Agencies Statewide) | | | | | | (35) - (38) |
| 40) | Total Admin & General Costs (All Agencies Statewide) | | | | | | Sch. 4a, Col 004, lines 014,016,018 |
| 41) | Agency Admin & Costs Percentage | | | 0.00% | | | (40) / (39) |

Minimum Wage Adjustment -- Home Health Aide

| | 2022 | 2021 | 2021 + 2022 |
|---|--------|--------|-------------|
| Base Rate Increase | | | |
| Downstate | \$1.00 | \$1.00 | \$2.00 |
| Upstate | \$0.70 | \$0.70 | \$1.40 |
| Fringe Benefits | | | |
| Downstate | \$0.18 | \$0.18 | \$0.35 |
| Upstate | \$0.12 | \$0.12 | \$0.24 |
| MW Increase | | | |
| Downstate (Base Rate + Fringe Benefits) | \$1.18 | \$1.18 | \$2.35 |
| Upstate (Base Rate + Fringe Benefits) | \$0.82 | \$0.82 | \$1.64 |