

New York State Department of Health
Medicaid Certified Home Health Care Agency Rates Effective January 1, 2024

Agency:

OPCERT:
MMIS ID:
Locator Code:

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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2)	Regional Group Ceiling (Total Regional Cost/Visit or Total Regional Cost/Hour)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3)	Current Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6)	Allowable Admin & General Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7)	Disallowed A&G (6-5)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8)	Total Rate (4+7)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9)	Minimum Wage Adjustment					\$0.00
10)	Worker Recruitment & Retention Adjustment [(8+9)*2.25%]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11)	Recruitment, Training & Retention Adjustment [(8+9) * 4.70%]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12)	1% Medicaid ATB Increase (eff. 4/1/2022) [(8+9+10+11) * 1.00%]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13)	Final Rate (8+9+10+11+12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

New York State Department of Health
Supporting Calculation for CHHA Rate Effective January 1, 2024

Agency:

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Rate Components		Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide	Cost Report Reference / Formula
1)	Total Allowable Costs (including all Administrative Expenses) Total Visits (Therapy Services) or Hours (HHA)	0	0	0	0	0	Sch. 5a.1 & 5a.2 Col 023 for Therapy and Col 024 for HHA; Nursing - lines 004, 011, 012; PT - line 002; Speech - lines 007, 010, OT - line 003, HHA - lines 001, 008
2)	Allowable Costs	\$0	\$0	\$0	\$0	\$0	Sch. 3a, Col 004; lines 001, 002, 003, 004, 007, 008, 010, 011, 012
3)	Medical Social Services / Nutrition / Social & Environmental Support Cost Reallocation	\$0	\$0	\$0	\$0	\$0	Sch. 3a, Col 004; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) utilization
4)	Adjusted Allowable Costs	\$0	\$0	\$0	\$0	\$0	(2) + (3)
5)	Cost/Visit or Cost/Hour for HHA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(4) / (1)
6)	Initial Current Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	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)	Medical Social Services / Nutrition / Social & Environmental Support Current Charges Reallocation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	[(Average Schedule 7a, col 002 Cost/Visit weighted by 5a.1 & 5a.2, col 023) * (Sch. 5a.1 & 5a.2 Col 023; lines 005, 006, 009)] * ((Service-specific visits in (1) / Total Visits in (1)) / ((Service-specific visits in (1))
8)	Current Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(6) + (7)
9)	Disallowed Administrative Expenses (Subject to Statewide Admin Cap): Total Allowable Costs (All Services)			\$0			Sch. 3a, Col 004, line 016 (all services)
10)	Capital Related - Buildings & Fixtures			\$0			Sch. 4a, Col 001, lines 002, 005, 006, 008, 009, 015
11)	Capital Related - Moveable Equipment			\$0			Sch. 4a, Col 001, lines 003, 007, 010, 011
12)	Total Capital Costs			\$0			(10) + (11)
13)	Total Operating Costs			\$0			(9) - (12)
14)	Total Admin & General Costs			\$0			Sch. 4a, Col 001, lines 014, 016, 019
15)	Agency Admin & General Cost Percentage			0.00%			(14) / (13)
16)	Statewide Average Cap Admin & General Cost Percentage			0.00%			See #37 in Statewide Average Cap Support table below for calculation
17)	Allowable Admin & General Cost Percentage			0.00%			Lower of (15) or (16)
18)	Total Agency & Admin General Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Page 1 - CHHA #4 * (15)
19)	Allowable Admin & General Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Page 1 - CHHA #4 * (17)
20)	Disallowed A&G	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(19) - (18)

Group Ceiling Support		Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide	Cost Report Reference / Formula
21)	Cost/Visit or Cost/Hour (All Agencies in Regional Group) Total Visits / Hours (All Agencies in Regional Group)	0	0	0	0	0	Sch. 5a.1 & 5a.2 Col 023 for Therapy and Col 024 for HHA; Nursing - lines 004, 011, 012; PT - line 002; Speech - lines 007, 010, OT - line 003, HHA - lines 001, 008
22)	Allowable Costs (All Agencies in Regional Group)	\$0	\$0	\$0	\$0	\$0	Sch. 3a, Col 004; lines 001, 002, 003, 004, 007, 008, 010, 011, 012
23)	Medical Social Services/Nutrition/Social & Environmental Support Allowable Cost Reallocation (All Agencies in Regional Group)	\$0	\$0	\$0	\$0		Sch. 3a, Col 004; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) utilization
24)	Adjusted Allowable Costs (All Agencies in Regional Group)	\$0	\$0	\$0	\$0	\$0	(22) + (23)
25)	Cost / Visit or Cost / Hour (All Agencies in Regional Group)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(24) / (21)
26)	Group Ceiling Calculation Service Cap	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(25) * (125% ceiling percent)
27)	Service Base	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(25) * (75% base percent)
28)	Service Centered Costs	\$0	\$0	\$0	\$0	\$0	Sum for all agencies in regional group: [Agency-Specific step (3)] * [Agency-Specific step (5) capped at step (26) and floored at step (27)]
29)	Service Centered Average Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(28) / (21)
30)	Group Ceiling	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(29) * (110% high percent)

Statewide Average Cap Support		Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide	Cost Report Reference / Formula
31)	Build-Up (All Agencies Statewide) Total Allowable Costs (All Agencies Statewide)			\$0			Sch. 3a, Col 004, line 016
32)	Capital Related - Buildings & Fixtures (All Agencies Statewide)			\$0			Sch. 4a, Col 001, lines 002, 005, 006, 008, 009, 015
33)	Capital Related - Moveable Equipment (All Agencies Statewide)			\$0			Sch. 4a, Col 001, lines 003, 007, 010, 011
34)	Total Capital Costs (All Agencies Statewide)			\$0			(32) + (33)
35)	Total Operating Costs (All Agencies Statewide)			\$0			(31) - (34)
36)	Total Admin & General Costs (All Agencies Statewide)			\$0			Sch. 4a, Col 001, lines 014, 016, 019
37)	Agency Admin & Costs Percentage			0.00%			(36) / (35)

Minimum Wage Adjustment -- Home Health Aide

	NYC and Downstate		Upstate	
	2023	2024	2023	2024
Base Rate Increase	\$1.50	\$1.55	\$2.50	\$1.35
Fringe Benefits	\$0.26	\$0.27	\$0.43	\$0.23
Change to Wage Parity	\$0.00	(\$1.55)	\$0.00	\$0.00
MW Increase	\$1.76	\$0.27	\$2.93	\$1.58