

**New York State Department of Health
Medicaid Personal Care Rates Effective January 1, 2024**

Agency:

MMIS ID:

Locator Code:

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(2)	Direct Care & Training Regional Ceiling (capped at 115% of regional average)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(5)	Admin Ceiling (capped at 28% of Total Costs)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(6)	Lower of Admin Cost or Admin Ceiling [Lower of (4) or (5)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(7)	Capital Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(8)	Background & Fingerprinting Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(9)	Admin Cost (including Capital and Background & Fingerprinting) [(6) + (7) + (8)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(10)	Admin and Direct Care & Training Rate [Lower of (3) + (9) or 2 * (2)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Rate Add-Ons								
(11)	Profit / Surplus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(12)	Total Rate [(10) + (11)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(13)	Public Charge Rate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(14)	Lower of Total Rate or Public Charge Rate (if > \$0)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(15)	Minimum Wage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(19)	Worker Recruitment & Retention [(14) + (15)] * 4.56%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(20)	1% Medicaid ATB Increase (eff. 4/1/2022) [(15) + (16) + (17)] * 1%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(23)	Final Rate [(14) + (15) + (19) + (20)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	One Client								
	Two Clients	\$0.00	\$0.00	\$0.00	\$0.00				
	One Client 1/4 hour	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00		
	Two Clients 1/4 hour	\$0.00	\$0.00	\$0.00					

New York State Department of Health
Supporting Calculation for Medicaid Personal Care Rates Effective January 1, 2024

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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 006/007 & 008-011)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(2)	Hours/Visits by service (Sch 5b col 023 or 024)	0	0	0	0	0	0	0	0
(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 005)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(2)	Total program admin cost across Sch 3b (Sch 3b col 005 line 009)	\$0							
(3)	Admin Percent [(1) / (2)]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(4)	Hours/Visits by service (Sch 5b col 023 or col 024)	0	0	0	0	0	0	0	0
(5)	Admin Cost per hour/visit [(1) / (4)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(6)	Capital Cost across Sch 4b (Sch 4b total of col 001 lines 002-003 & 005-011 & 015)	\$0							
(7)	Capital Cost per hour/visit by service [(3) * (6) / (4)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(8)	Background & Fingerprinting across Sch 4b (Sch 4b col 001 line 001)	\$0							
(9)	Background & Fingerprinting Cost per hour/visit by service [(3) * (8) / (4)]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(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)	Total Reimbursable Cost by service (Sch 3b col 004)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(2)	Hours/Visits by service (Sch 5b col 023 or 024)	0	0	0	0	0	0	0	0
(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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(2)	Reimbursable costs for aide wages and benefits across Sch 3b (Sch 3b col 006/007 & 009-011)	\$0							
(3)	Total Reimbursable Cost across Sch 3b (Sch 3b col 004)	\$0							
(4)	6 Months T-Bill rate (As on 30 Sept 2023)	0.00%							
(5)	Profit / Surplus Percentage Adjustment [(2) / (3) * (4)]	0.00%							
(6)	Profit / Surplus Add-On [(5) / (1 - (5)) * (1)]	\$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)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

6. Minimum Wage Adjustment

		2024	2023	2022	2021	2020	2019	2018	2017
(1)	Base Rate Increase								
	Downstate	\$1.55	\$1.50	\$1.50	\$1.00	\$1.00	\$1.00	\$1.00	\$0.00
	Upstate	\$1.35	\$2.50	\$1.20	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70
(2)	Fringe Benefits								
	Downstate	\$0.27	\$0.26	\$0.26	\$0.17	\$0.17	\$0.17	\$0.28	\$0.00
	Upstate	\$0.23	\$0.43	\$0.21	\$0.12	\$0.12	\$0.12	\$0.20	\$0.20
(3)	MW Increase								
	Downstate (Base Rate + Fringe Benefits)	\$1.82	\$1.76	\$1.76	\$1.17	\$1.17	\$1.17	\$1.28	\$0.00
	Upstate (Base Rate + Fringe Benefits)	\$1.58	\$2.93	\$1.41	\$0.82	\$0.82	\$0.82	\$0.90	\$0.90

2024 MW Adjustment		Live-in (13 hours)	Other Personal Care Services
Downstate		\$131.93	\$10.15
Upstate		\$132.32	\$10.18