

**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
<b>Total Allowable Costs (including all Administrative Expenses):</b>						
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)	<b>Lower of 1) Cost/Visit/ or Cost/Hour, 2) Regional Group Ceiling, 3) Current Charges (if &gt; \$0)</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Disallowed Administrative Expenses (Subject to Statewide Admin Cap):</b>						
5)	Total Agency Admin & General Cost					
6)	Allowable Admin & General Cap					
7)	Disallowed A&G (6-5)					
8)	<b>Total Rate (4+7)</b>	\$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)	<b>Final Rate (8+9+10+11)</b>	\$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
<b>Total Allowable Costs (including all Administrative Expenses)</b>							
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)	<b>Current Charges</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(8) + (9)</b>
<b>Disallowed Administrative Expenses (Subject to Statewide Admin Cap):</b>							
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
<b>Cost/Visit or Cost/Hour (All Agencies in Regional Group)</b>							
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)						
<b>Group Ceiling Calculation</b>							
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)	<b>Group Ceiling</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(33) * (110% high percent)</b>

Statewide Average Cap Support		Nursing	Physical Therapy	Speech Therapy	Occupational Therapy	Home Health Aide	Cost Report Reference / Formula
<b>Build-Up (All Agencies Statewide)</b>							
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)	<b>Agency Admin &amp; Costs Percentage</b>			<b>0.00%</b>			<b>(40) / (39)</b>

**Minimum Wage Adjustment -- Home Health Aide**

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