

**New York State Department of Health
Medicaid Certified Home Health Care Agency Rates Effective January 1, 2023**

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)	1% Medicaid ATB Increase [(8+9+10+11) * 1.00%]					
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, 2023

Agency:

OPCERT: xxxxxxxx
MMIS ID: xxxxxxxx
Locator Code: xxx

County:
Region:
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 for Therapy and Col 024 for HHA; Nursing - lines 004, 015, 016; PT - line 002; Speech - lines 007, 010, OT - line 003, HHA - lines 001, 008, 011 - 014, 017, 018
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
3)	Adjusted Allowable Visits (Therapy Services) or Hours (HHA)						(1) + (2)
4)	Allowable Costs						Sch. 3a, Col 003; lines 001, 002, 003, 004, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018
5)	Medical Social Services / Nutrition / Social & Environmental Support Cost Reallocation						Sch. 3a, Col 003; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) costs
6)	Adjusted Allowable Costs						(4) + (5)
7)	Cost/Visit or Cost/Hour for HHA						(6) / (3)
8)	Initial Current Charges						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
9)	Medical Social Services / Nutrition / Social & Environmental Support Current Charges Reallocation						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
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, 019
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 for Therapy and Col 024 for HHA; Nursing - lines 004, 015, 016; PT - line 002; Speech - lines 007, 010, OT - line 003, HHA - lines 001, 008, 011 - 014, 017, 018
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
25)	Adjusted Allowable Visits (All Agencies in Regional Group)						(23) + (24)
26)	Allowable Costs (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
27)	Medical Social Services/Nutrition/Social & Environmental Support Allowable Cost						Sch. 3a, Col 003; lines 005, 006, 009 reallocated to therapy services based on % of therapy (Nursing, PT, Speech, OT) costs
28)	Adjusted Allowable Costs (All Agencies in Regional Group)						(26) + (27)
29)	Cost / Visit or Cost / Hour (All Agencies in Regional Group)						(28) / (25)
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 014,016,019
41)	Agency Admin & Costs Percentage			0.00%			(40) / (39)

Minimum Wage Adjustment -- Home Health Aide

	2023	2022	Total for FY23
Base Rate Increase			
Downstate	\$1.50	\$1.50	\$3.00
New York City	\$1.50	\$0.50	\$2.00
Upstate	\$2.50	\$1.20	\$3.70
Fringe Benefits			
Downstate	\$0.26	\$0.26	\$0.53
New York City	\$0.26	\$0.09	\$0.35
Upstate	\$0.43	\$0.21	\$0.64
MW Increase			
Downstate (Base Rate + Fringe Benefits)	\$1.76	\$1.76	\$3.53
New York City (Base Rate + Fringe Benefits)	\$1.76	\$0.59	\$2.35
Upstate (Base Rate + Fringe Benefits)	\$2.93	\$1.41	\$4.34