LHCSA Budgeted Projections Statement

Terminology

Agency and entity clarification

New Home Care agencies or existing agencies looking to expand into new counties or offer new services who require a budgeted Medicaid Fee-for-service (FFS) reimbursement rate, are required to submit the Budgeted Projections Statement within the web-based Tool (the Tool). This information will be used by the Department of Health to calculate a budgeted rate. It is important to understand the following terms for the purposes of completing the Home Care Budgeted Projections Statement.

Agency

— In the context of the Home Care Budgeted Projections Statement submission, an Agency is defined as an organization that operates one or more Licensed Home Care Services Agency (LHCSA). Agencies that will operate one or more new entities or programs must complete specific schedules of the Budgeted Projections Statement for each of these new entities or programs (addressed later in the presentation).

— The **unique identifier associated with each agency is the Tax-ID Number.**

- An individual budgeted projections statement submission should be reflective only of those new programs that will operate under **one single Tax-ID.** If your organization will operate new programs under multiple Tax-ID numbers, then a budgeted projections statement submission will be required for new programs of each unique Tax-ID.

Entity

— In the context of the Budgeted Projections Statement submission, an **entity is defined as a LHCSA.** An entity may be operated as part of a larger agency or as a single entity.

Terminology (continued)

Entity Identifiers

LHCSA Entity Identifier

— The **County served is used as the unique entity identifier for LHCSAs.**

- For example, if a LHCSA agency will provide services in two new counties, then that agency is said to have two *unique* LHCSA entities for the purposes of the Budgeted Projections Statement submission.
- Note: Agencies may have office locations that service multiple counties. An entity should *not* be identified based on the physical office location, but rather the county served.

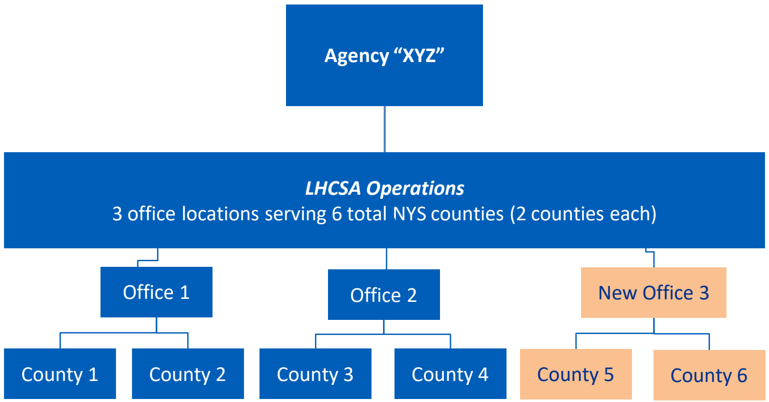
— **Note:** Questions about the budgeted rate for a Certified Home Health Agency (CHHA) should be forwarded to DOH by emailing CHHA-Rates@health.ny.gov

— **Note:** Questions about the budgeted rate for a the Single Statewide Fiscal Intermediary (FI) I should be forwarded to DOH by emailing PersonalCare-Rates@health.ny.gov

— **Note:** Additional details and guidance can be found in the Budgeted Projections Statement Instructions within the “Instructions” tab of the web-based tool or within the Department’s website: Home Care Cost Report (ny.gov)

Terminology (continued)

Illustration of the Agency and Entity relationship



Scenario:

- Agency "XYZ" operates multiple LHCSA entities under TIN 12-34546789.
- Agency "XYZ" operates 2 LHCSA office locations that serve a total of 4 NYS counties (each office serves two counties).
- Agency "XYZ" is expanding the LHCSA under this TIN by 1 new office and 2 new Counties 5 and 6.

Correct Agency/Entity Reporting:

- Agency "XYZ" is considered to be the "agency" that operates all of the above LHCSAs.
- The "entity" designations for the existing office locations are as follows:
  - Agency "XYZ" operates 4 LHCSA entities (based on county served, not office location).
- ***The Budged Projections Statement submission is required to establish rates only for new entities and/or programs, and for existing programs that are expanding into a new County. In this scenario, a budgeted projections statement would be submitted by Agency "XYZ" to establish LHCSA rates for Counties 5 and 6 in new Office 3.***
- All entities of Agency "XYZ" would annually report costs as part of **one** Home Care Cost Report submission, as they have the same Tax-ID number. Each MMIS ID would be noted.

KPMG

Accessing the Budgeted Projections Statement in the Web-based Tool

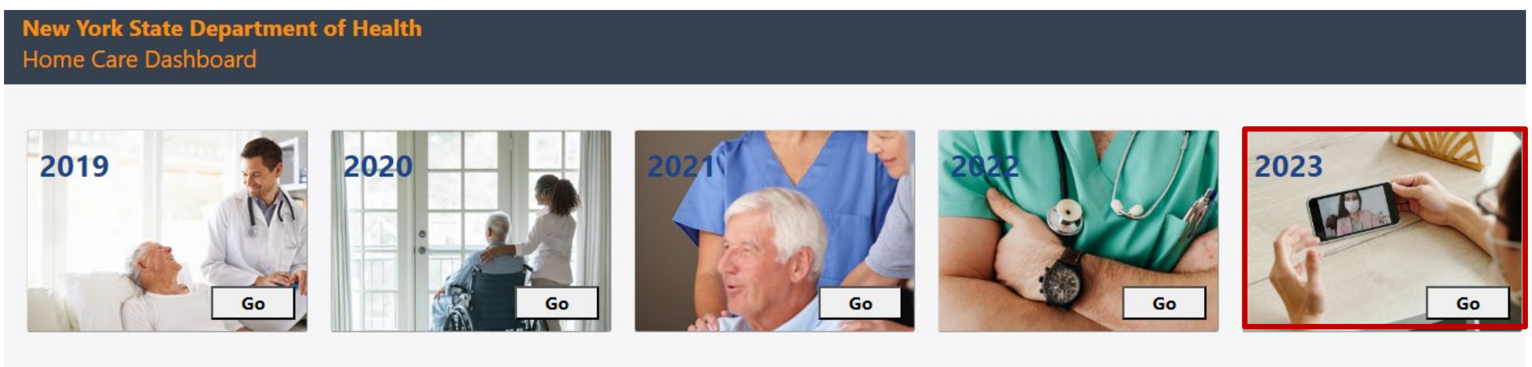
Web-based Tool overview

What is the Web-based Tool?

- Similar to the Home Care Cost Report, the Budgeted Projections Statement can be accessed and submitted through the Home Care Web-based Tool (the Tool).
- The Tool is designed to efficiently capture cost report submission data into a consolidated format that allows the Department to collect data for rate setting purposes and other analyses.
- The Tool is designed to function dynamically, meaning that the required Budgeted Projections Statement schedules will appear based on the general information initially entered about the agency or entity.
  - If an agency operates more than one entity, specific Budgeted Projections Statement schedules will be required for each and will automatically appear based on your agency's responses to the questions in the "Reporting Hierarchy" tab.

How do you access the Web-based Tool?

- Navigate to the Tool using the following link: https://desoto.certisphere.com/doh/HomeCareDashboard.html
- Once you arrive at the Tool dashboard page (as shown below), please select the most recent cost report year.



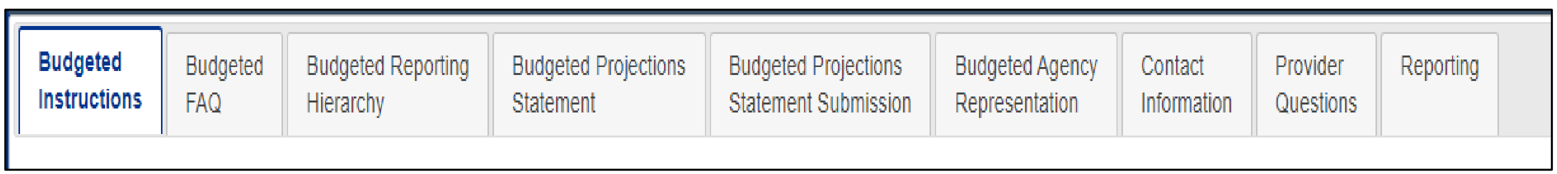
- Log in using your user name and password. Each agency required to complete the Budgeted Projections Statement should have received a user name and password from the KPMG mailbox. If you need support, you can contact the KPMG Home Care Cost Report mailbox at us-advrisknyshc@kpmg.com to obtain these credentials.

Web-based Tool components

Tab names

— Once you enter the Tool, you will see the following 10 tabs:

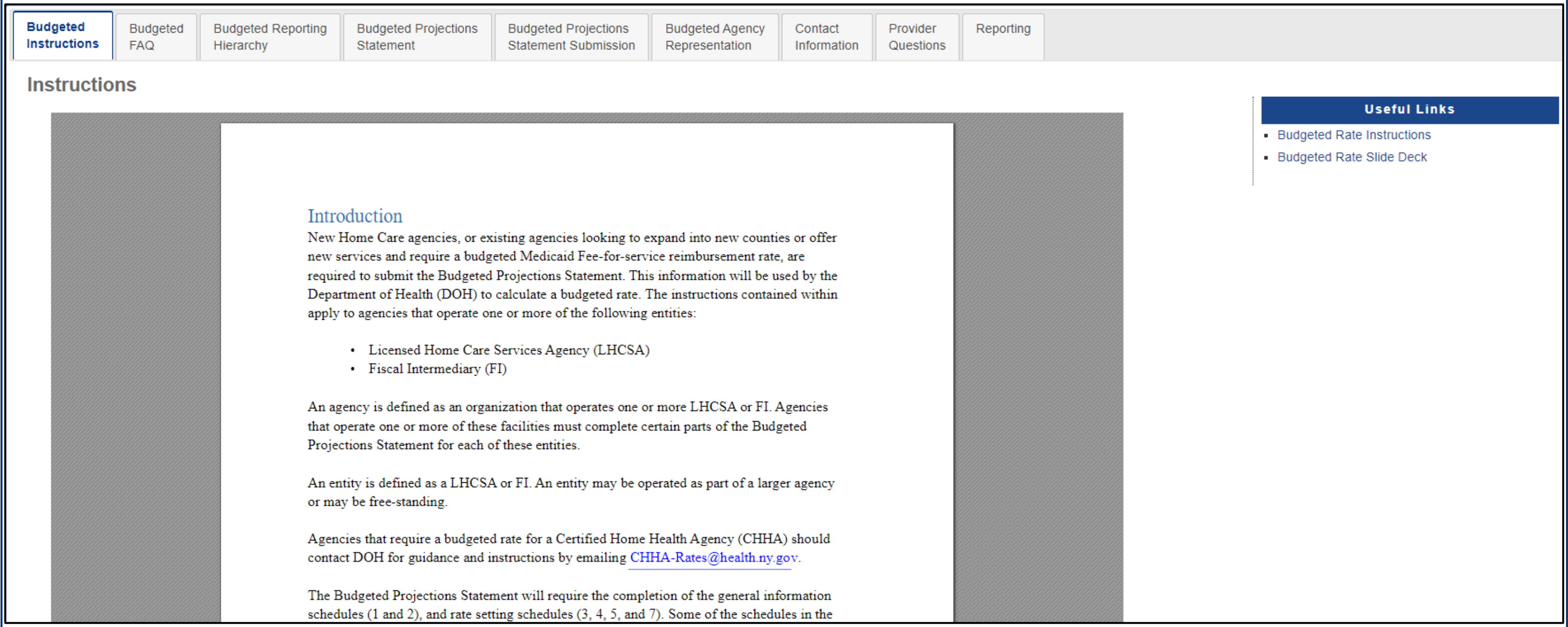
1. Budgeted Instructions
2. Budgeted Frequently Asked Questions (FAQ)
3. Budgeted Reporting Hierarchy
4. Budgeted Projections Statement
5. Budgeted Projections Statement Submission
6. Budgeted Agency Representation
7. Contact Information
8. Provider Questions
9. Reporting



1. Budgeted Instructions tab

Components

- The “Budgeted Instructions” tab of the Tool is where the Budgeted Projections Statement Instructions and providers can refer to for questions on completing the Budgeted Projections Statement.
- The Budgeted Projections Statement Webinar will also be located within this tab under the “Useful Links” section.



Introduction

New Home Care agencies, or existing agencies looking to expand into new counties or offer new services and require a budgeted Medicaid Fee-for-service reimbursement rate, are required to submit the Budgeted Projections Statement. This information will be used by the Department of Health (DOH) to calculate a budgeted rate. The instructions contained within apply to agencies that operate one or more of the following entities:

- Licensed Home Care Services Agency (LHCSA)
- Fiscal Intermediary (FI)

An agency is defined as an organization that operates one or more LHCSA or FI. Agencies that operate one or more of these facilities must complete certain parts of the Budgeted Projections Statement for each of these entities.

An entity is defined as a LHCSA or FI. An entity may be operated as part of a larger agency or may be free-standing.

Agencies that require a budgeted rate for a Certified Home Health Agency (CHHA) should contact DOH for guidance and instructions by emailing CHHA-Rates@health.ny.gov.

The Budgeted Projections Statement will require the completion of the general information schedules (1 and 2), and rate setting schedules (3, 4, 5, and 7). Some of the schedules in the

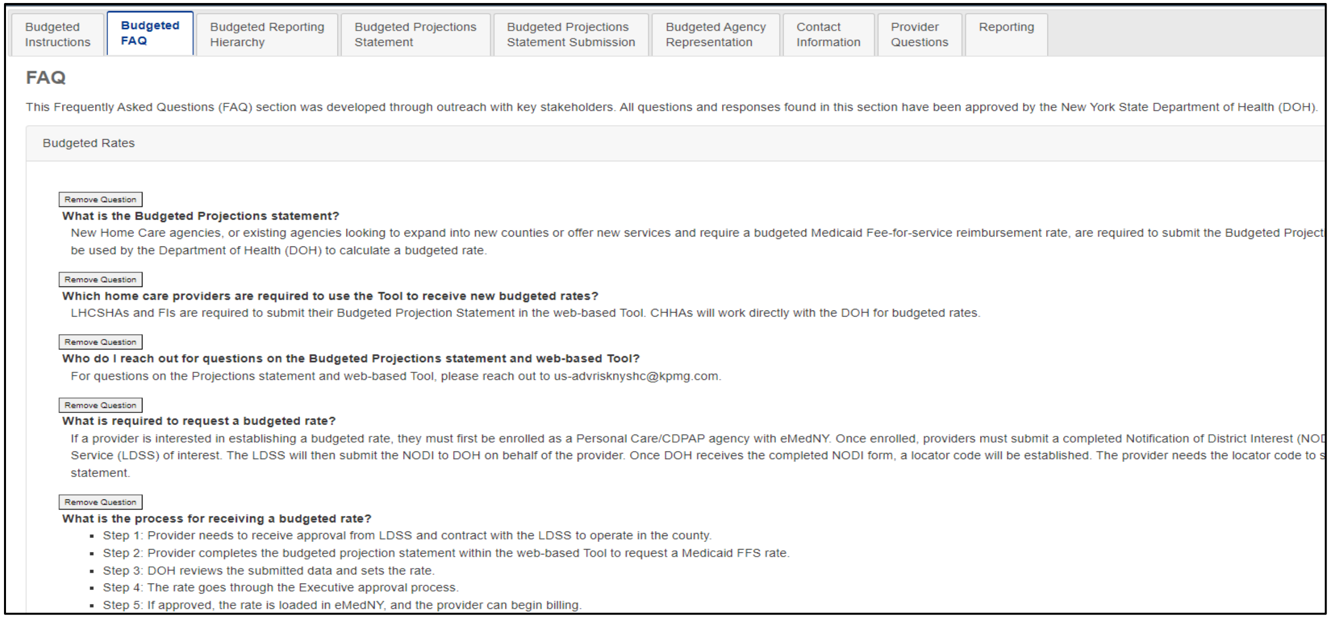
2. Budgeted FAQ tab

Components

— The “Budgeted FAQ” tab of the Tool includes frequently asked questions regarding the Budgeted Projections Statement.

— There is one section within this tab, labeled “Budgeted Rates,” that must be selected to reveal the Budgeted FAQs.

— This tab also contains a search bar feature. When a particular term is entered, the Budgeted FAQs will be filtered to include only the FAQ containing the search term.



3. Budgeted Reporting Hierarchy tab

1st tab that requires information to be entered by the agency

Components

— The “Budgeted Reporting Hierarchy” tab collects general information about agencies, including the following:

- Name of Agency, alternative agency name or DBA, address, point of contact, and the number of new entities to be operated by the agency.

— The "Budgeted Reporting Hierarchy" tab also collects information about each of the identified entities, including the following:

- Name of Entity, address, point of contact, unique identifier, etc.

— The answers to these reporting hierarchy questions will determine the schedules of the budgeted projections statement that will appear in the “Budgeted Projections Statement” tab.

- The information submitted will also automatically populate the required fields in Schedule 1 (General Information – Agency) and Schedule 2 (General Information – Entity).

— **Note:** The number of new entities identified for each agency in question I.3 must match the number of LHCSA entity rows entered in question I.5 before this tab may be submitted. The Budgeted Reporting Hierarchy must be submitted before the Budgeted Projections Statement may be accessed.

Question: I.1

Please provide the following general information about the home care agency.

Name of Agency

Test

Alternative agency name or DBA

Federal Tax ID

12345

Agency Type

- (•) Proprietary
- ( ) Voluntary
- ( ) Public

Address Line 1

test

Address Line 2

City

test

State

test

Zip

test

Question: I.3

Please enter the total quantity of LHCSA and FI entities to be operated by the above agency or are offering new services for which a budgeted rate is required.

If an agency does not operate any of the below entity types, please enter a value of 0.

LHCSA

2

Question: I.5

For each LHCSA entity identified in Question 1.3, please add a row with the requested information.

If an agency does not operate any LHCSA entities, please skip this question.

For the "Period From" and "Period To" items, please enter the period during the 2022 cost report year in which the entity was operated by your agency. If your agency operated the entity for the entire 2022 cost report year, you should indicate January as the "Period From" and December as the "Period To." If your agency operated the entity for only a portion of the 2022 cost report year (e.g., from a mid-year acquisition), you should only report the period which the entity was operated by your agency (e.g., July as the "Period From" and December as the "Period To").

Name of Entity	Type	Address	City	State	Zip	County Served	MMIS ID Number	License Number	Direct Care Standard Hours Per Week	Program Administration Standard Hours Per Week	Period From	Period To	Name	Title	Phone	E-Mail Address	Actions
Test entity	Proprietary	1st Street	Albany	NY	12167	Albany	12345678	1234567	1.00	1.00	January	December	x	x	x	x	Edit Delete
test entity 2	Proprietary	1st street	test	ny	test	Bronx	12345679	1234568	40.00	40.00	January	January	test	test	test	test	Edit Delete

Add Row

Budgeted Instructions tab | Budgeted FAQ tab | Budgeted Reporting Hierarchy tab | Budgeted Projections Statement tab | Budgeted Projections Statement Submission tab | Budgeted Agency Representation tab | Contact Information tab | Provider Questions tab | Reporting tab

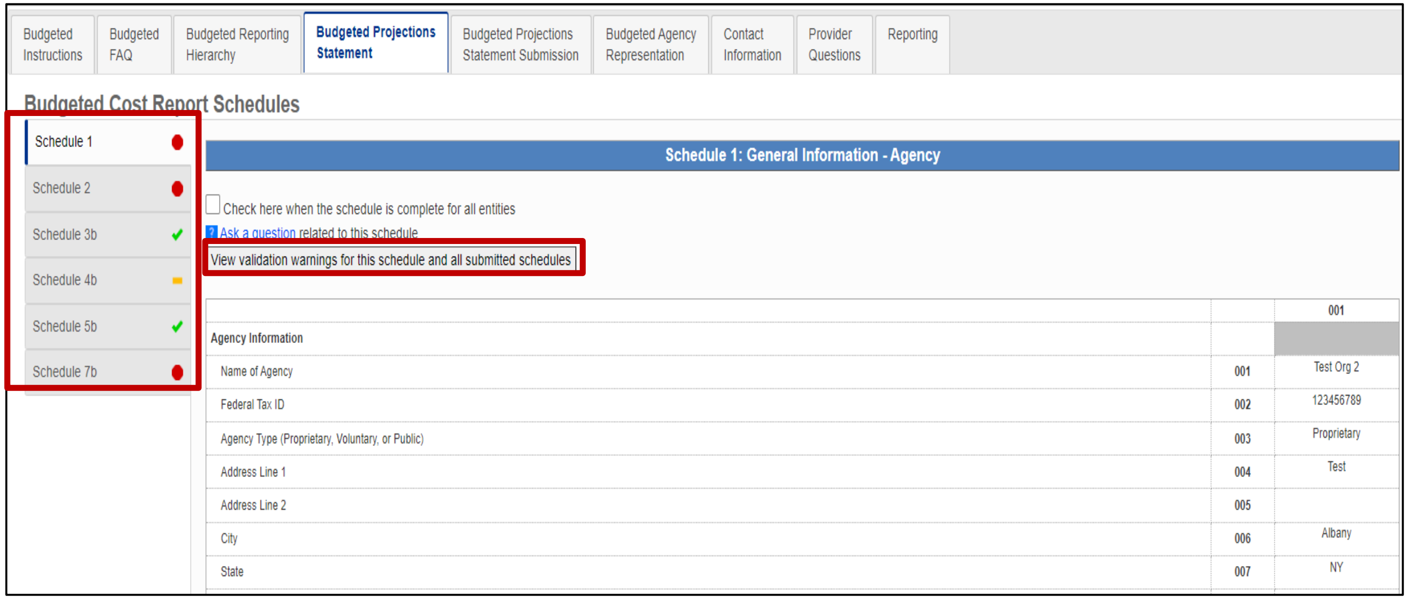
KPMG

4. Budgeted Projections Statement tab

Components

— The “Budgeted Projections Statement” tab of the Tool contains six budgeted projections statement schedules, 1-5 and 7. They collect important data that the Department requires to calculate a budgeted rate. Different schedules will populate based on the entity types reported in the Budgeted Reporting Hierarchy. LHCSAs are required to complete the “b” schedules.

- Each of these schedule is explained in further detail in the next section.



— **Note:** There are several **automatic checks** programmed into the Tool that are intended to help providers identify potential errors in their budgeted projections statement prior to submission. If a potential error is identified, a warning message will appear when your agency attempts to mark the schedule as complete. The warning message will describe the potential error and provide helpful guidance on how your agency can correct the potential error. Once the agency has corrected the potential error, the warning message will disappear.

- At the top of each projections statement schedule, there is a “view validation warnings for all submitted schedules” button (as shown in the image above). To identify any outstanding potential errors, the agency can select this button.

KPMG

5. Budgeted Projections Statement Submission tab

Components

- The "Budgeted Projections Statement Submission" tab is required to be signed and submitted after the completion of the “Budgeted Projections Statement” tab. This indicates that all requested data has been entered and the Budgeted Projections Statement has been submitted.
- Agencies may use a vendor to assist with Budgeted Home Care Projections Statement preparation and submission. If an agency uses a vendor to support the projections statement, the agency is still responsible for accurate and timely submissions and responses to any inquiries.
- The Budgeted Projections Statement must be certified by an executive level individual (e.g., CEO or CFO).

Budgeted Instructions | Budgeted FAQ | Budgeted Reporting Hierarchy | Budgeted Projections Statement | **Budgeted Projections Statement Submission** | Budgeted Agency Representation | Contact Information | Provider Questions | Reporting

Budgeted Projections Statement	**Reporting Period** From: 1/1/2023 To: 12/31/2023	Date: Time:

Agency Certification	
Agency Name:	Test Organization 2
Tax ID Number:	123456789
Number of LHCSA Entities:	2
Number of FI Entities:	0

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF AGENCY(S)

I HEREBY CERTIFY THAT I HAVE EXAMINED THE INFORMATION CONTAINED IN THE BUDGETED PROJECTIONS STATEMENT FOR THE PERIOD BEGINNING 1/1/2023 AND ENDING 12/31/2023, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE PROJECTIONS STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE AGENCY IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED.

Please provide the name and title of the official taking responsibility for the confirmation. This should be the person with overall responsibility for the review on behalf of Test Organization 2 and is not necessarily the staff person completing the survey tool.

Please ensure that the individual signing for the completion and accuracy of the Tool responses is the Agency CFO or CFO.

Name: ____ Title: ____

Your Budgeted Projections Statement Submission is not complete. Please complete the Budgeted Projections Statement section before submitting.

6. Budgeted Agency Representation tab

Components

- To help ensure that the submitted information is true and accurate to the best of the agency official's knowledge, the Department requires that agency management provide certain representations after submitting the Budgeted Projections Statement. The representations are to be submitted by an authorized representative of the agency via the Tool in the "Budgeted Agency Representation" tab.
- The Department requires that the representation is submitted by an officer of the agency or a member of the agency's senior management team. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.
- This tab should only be completed ***after*** the Budgeted Projections Statement has been submitted.

Budgeted Instructions | Budgeted FAQ | Budgeted Reporting Hierarchy | Budgeted Projections Statement | Budgeted Projections Statement Submission | **Budgeted Agency Representation** | Contact Information | Provider Questions | Reporting

The intention of the agency representation statement is to verify that the information provided through the 2023 Budgeted Projections Statement tool is complete and accurate.

These representations will be submitted electronically within the Tool. It is not necessary to submit a hard copy. You will have the opportunity to agree or disagree with the representations within the Tool and provide comments.

The Department requires that the certification included as part of the Budgeted Projections Statement 2023 Tool must come from an officer of the home care agency or a member of the home care agency's senior management team, as is the case for submission of the Budgeted Projections Statement itself. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.

We at Test Organization 2 confirm, to the best of our knowledge and belief, the following representations as they relate to the Budgeted Projections Statement for Report Year 2023:

1. Information and data provided as part of the Budgeted Projections Statement submission is complete and accurate.
2. Except as disclosed to you in writing, there have been no communications from the New York State Department of Health, or other regulatory agencies, concerning deficiencies in our Budgeted Projections Statement submission.
3. There were no significant deficiencies, material weaknesses, or management letter comments noted that relate to the system(s) or process(es) that support the Budgeted Projections Statement submission presented by the Test Organization 2 for the period covered.

Further, we confirm that we are responsible for the fair representation and provision of the items requested in this process and if any matter comes to my attention that would alter any of the representations made, I will contact you to discuss the matter.

Please provide the name and title of the official taking responsibility for the confirmation.

Name: ____ Title: ____

Please respond accordingly.

○ I agree with the assertions above.

○ I do not agree with the assertions above and take exception as noted below.

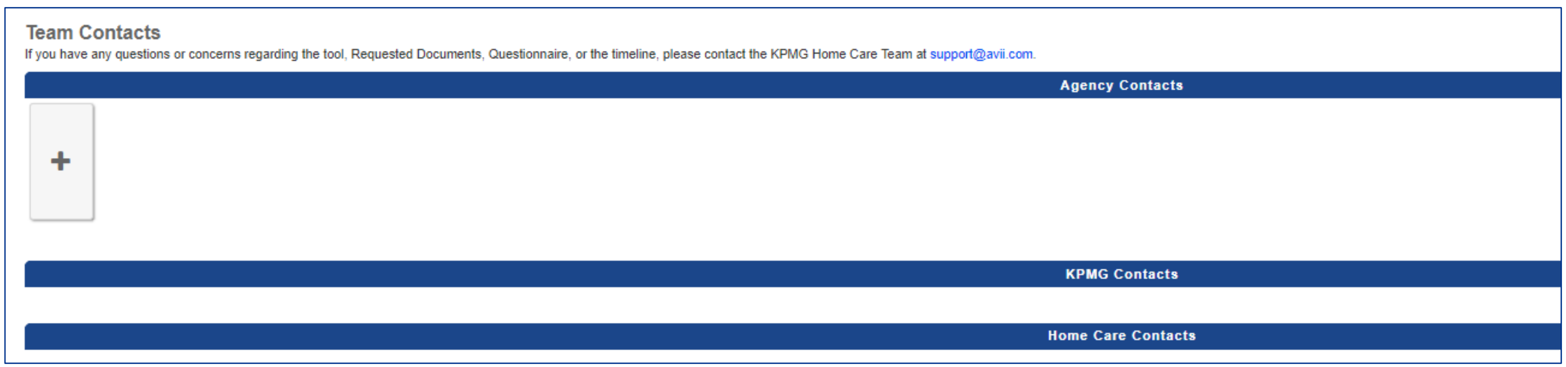
Submit

7. Contact Information tab

Components

— The “Contact Information” tab is used to capture the relevant contact information for the following parties:
  - Home Care Agency and if applicable, its supporting vendor, such as a CPA firm
  - Department of Health
  - KPMG

— The agency should add their contacts to this tab when completing the projections statement. The individuals listed in the “Contact Information” tab will receive automatic emails after comments are published/questions answered within the Tool.

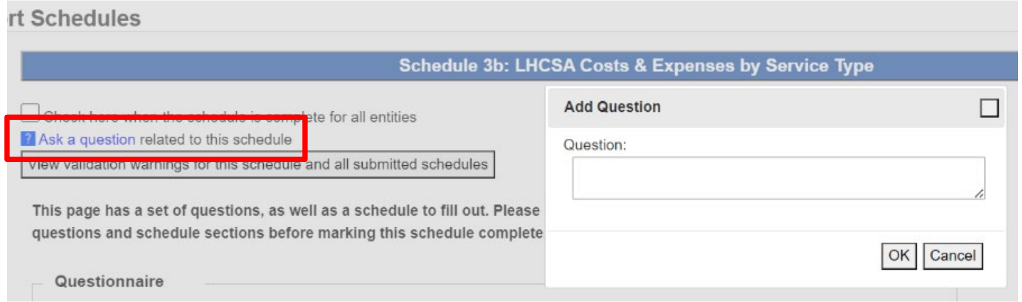


Budgeted Instructions tab › Budgeted FAQ tab › Budgeted Reporting Hierarchy tab › Budgeted Projections Statement tab › Budgeted Projections Statement Submission tab › Budgeted Agency Representation tab › **Contact Information tab** › Provider Questions tab › Reporting tab

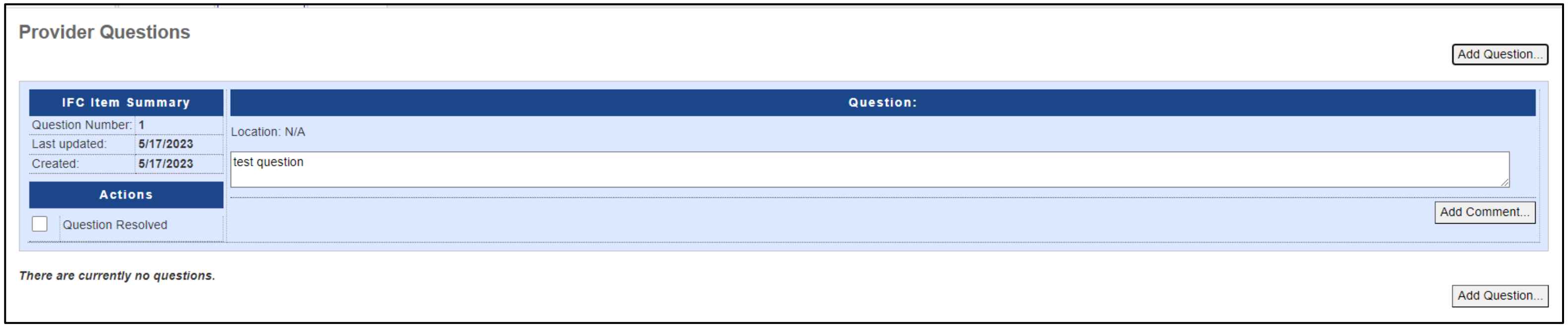
8. Provider Questions tab

Components

— Within the "Budgeted Projections Statement" tab, there is a question submission text box at the top of each schedule tab. If any questions arise during the submission process that require an answer from DOH or KPMG, agencies may enter them in the designated text box.



— All questions will flow through to the "Provider Questions" tab. KPMG or DOH will provide a response to your question(s) here. Communications between the agency and KPMG will be retained in this tab for reference.



— Questions can also be sent via email to the Home Care mailbox: us-advrisknyshc@kpmg.com.

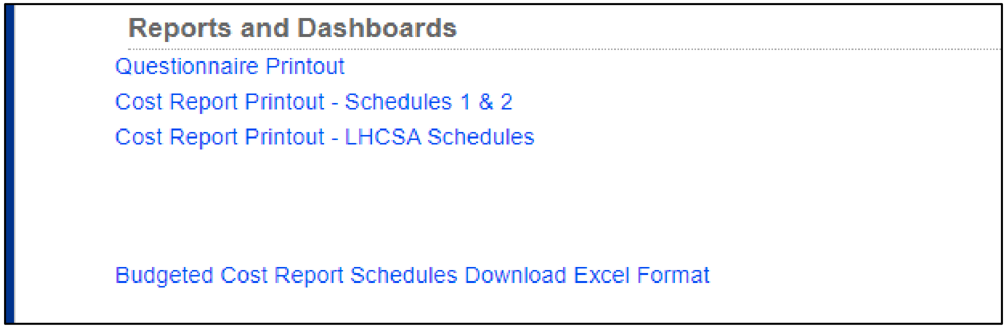
9. Reporting tab

Components

— The Reporting tab is the location where reports may be generated.

— The available reports include the following:

- ***Questionnaire printout:*** A PDF of the Budgeted Reporting Hierarchy responses.
- ***Projections statement printout:*** PDF printout of the projections statement schedules. Due to the high volume of data in the projections statement, PDFs are available for the following sections: “Schedules 1 and 2,” “LHCSA Schedules,” and “Schedules 3, 4, 5, and 7.”
- ***Cost Report Schedules Download Excel Format:*** A full Excel download of the projections statement schedules (for reference, not submission).



Walkthrough of Budgeted Projections Statement Schedules

Six Budgeted Projections Statement Schedules

Introduction

- The “Budgeted Projections Statement” tab of the Tool contains six projections statement schedules.
- Based on the entity type operated by the agency, different versions of these schedules will populate:
  - “b” schedules: LHCSA
- **Schedules 3, 4, 5, and 7 are the schedules from the Budgeted Projections Statement used by the Department to calculate the Budgeted Medicaid Personal Care reimbursement rates.**
- **Note:** While supporting documentation is not required to be provided for the Budgeted Projections Statement, it will be required in future years when your agency submits the completed Home Care Cost Report.
- **Note:** The term “reimbursable” is used throughout the Budgeted Projections Statement instructions and the Tool to refer to services that are reimbursed by DOH through the Medicaid Personal Care Programs. This reimbursement can be through Medicaid FFS, Managed Care/MLTC, or through a contract with NYC Human Resource Administration (HRA). If a cost or service type is “non-reimbursable,” that means that the reimbursement from DOH flows through a program OTHER than Personal Care Programs.

Schedule name	Schedule number
General Information – Agency	1
General Information – Entity	2
Cost and Expenses	3b
General Service Cost Centers	4b
Service Statistics	5b
Current Charge to the General Public	7b

Important Tool Features in the Schedules

Features

1. Within each schedule, there are different colors to represent different information:
   - **White:** Represents a cell that is a data entry field. Where applicable, **information should be entered into these cells**.
   - **Gray:** These cells are blocked from data entry.
   - **Green:** Represents a cell that is automatically calculated using a predetermined formula. No information may be entered in these cells, but the values that appear are derived from information entered into other cells.

MC			Total Medicaid (FFS + MC)		
Patients	Units of Service: Visits	Units of Service: Hours	Patients	Units of Service: Visits	Units of Service: Hours
004	005	006	007	008	009

2. There is a **check box at the top of each schedule tab**. When all tables within each schedule tab have been completed, please check this box to indicate completion.
   - **To submit the budgeted projections statement in its entirety**, all check boxes must be checked. Incomplete cost reports may not be able to be submitted.

☑ Check here when the schedule is complete for all entities

General information

Schedule 1

Agency information

- Schedule 1 will automatically populate from the **agency information** entered into the "Budgeted Reporting Hierarchy" tab. Therefore, no further action is required for Schedule 1.
  - **Note:** If information is not appearing correctly on Schedule 1 or incorrect information was entered, you will need to unlock the "Budgeted Reporting Hierarchy" tab by selecting the “unlock” button on the top right corner of the tab, edit the information, and re-submit the Budgeted Reporting Hierarchy.

Schedule 1: General Information - Agency

Check here when the schedule is complete for all entities

Ask a question related to this schedule

View validation warnings for this schedule and all submitted schedules

		001
Agency Information		
Name of Agency	001	Test Org 2
Federal Tax ID	002	123456789
Agency Type (Proprietary, Voluntary, or Public)	003	Proprietary
Address Line 1	004	Test
Address Line 2	005	
City	006	Albany
State	007	NY
Zip	008	12111
Contact Person:		
Name	009	x
Title	010	x
Telephone Number	011	x
E-Mail address	012	x
Entity Types (Enter total quantity of each type of entity operated by the above agency):		
Licensed Home Care Service Agency	014	2
Fiscal Intermediary	015	0

Schedule | 1 | 2 | 3 | 4 | 5 | 7

Schedule 2

Entity information

- Schedule 2 will automatically populate from the **entity information** entered into the "Budgeted Reporting Hierarchy" tab for each entity. Therefore, no further action is required for Schedule 2.
  - **Note:** If information is not appearing correctly on Schedule 2 or incorrect information was entered, you will need to unlock the "Budgeted Reporting Hierarchy" tab by selecting the "unlock" button on the top right corner of the tab, edit the information, and re-submit the Budgeted Reporting Hierarchy.

Schedule 2: General Information - Entity

☐ Check here when the schedule is complete for all entities

Ask a question related to this schedule

View validation warnings for this schedule and all submitted schedules

		001
Entity Information		
Name of Entity	001	Test entity
Entity Type	002	LHCSA
Proprietary, Voluntary, or Public	003	Proprietary
Address Line 1	004	1st Street
City	005	Albany
State	006	NY
Zip	007	12167
County Served	008	Albany
MMIS ID Number	009	12345678
License Number	011	1234567
Direct Care Standard Hours Per Week	012	1
Program Administration Standard Hours Per Week	013	1
Contact Person:		
Name	014	x
Title	015	x
Telephone Number	016	x
E-Mail address	017	x

Schedule | 1 | 2 | 3 | 4 | 5 | 7

Budgeted Costs and Expenses

Schedule 3

Schedule 3b (LHCSA)

- The purpose of Schedule 3 is for agencies to report their **total budgeted expenses** (including direct care expenses, administrative expenses, non-reimbursable expenses, etc.) by entity type.
- On Schedule 3, budgeted costs must be allocated to the appropriate service type rows (e.g., Home Health Aide, PC Level I, etc.) and categorized into the appropriate column (e.g., Non-reimbursable Costs, Program Administration, Program Staff Training, etc.).
- Detailed information on budgeted costs that should be included in each cost category (column) on this schedule can be found in the Home Care Budgeted Projections Statement Instructions in the "Budgeted Instructions" tab.

LHCSA Name		Test entity										
LHCSA County		Albany										
		Total Entity Costs (002 + 003 + 004)	Non-Reimbursable Costs (Adjustment to Expense)	Non-Reimbursable WR&R Costs	Total Reimbursable Costs (Sum of 004 through 011)	Program Administration	Program Aide (Direct Care)	Program RN Supervision/ Assessment (Direct Care)	Program Staff Training	Transportation	Contracted Purchased Services	Other
		001	002	003	004	005	006	007	008	009	010	011
Direct Care												
PC: Level I	001	244.00	11.00	11.00	222.00	111.00	111.00					
PC: Level II	002											
PC: Level II - Hard to Serve	003											
Live-in	004											
Nursing Supervision	005											
Nursing Assessment	006											
Shared Aide: Level I	007											
Shared Aide: Level II	008											
Subtotal (reimbursable services)	009	244.00	11.00	11.00	222.00	111.00	111.00					
Other Non-Reimbursable Services	010											
Subcontractor Services	011											
Home Health Aide	012											
GRAND TOTAL	013	244.00	11.00	11.00	222.00	111.00	111.00					

Schedule 4

Schedule 4b (LHCSA)

- The purpose of Schedule 4 is for agencies to report their **budgeted administrative personnel and direct care non-personnel costs**, allocated by General Service Cost Centers (e.g., rent, utilities, etc.).
- "Medical Supplies" is the only row where **direct care budgeted** costs may be allocated on Schedule 4. Budgeted direct care worker wages and benefits should *not* appear on Schedule 4.
- The Grand Total amount reported in "Program Administration" Column 001 on Schedule 4 should equal to the Grand Total amount reported in "Program Administration" Column 005 on Schedule 3, for the agency and each of its entities.

LHCSA Name		Test entity	
LHCSA County		Albany	
		Program Administration	Direct Care Non-personnel Costs
		001	002
GENERAL SERVICE COST CENTERS			
Criminal Background Check & Fingerprinting	001		
Capital Related - Building & Fixtures	002		
Capital Related - Movable Equipment	003		
Plant Operations & Maintenance	004		
Rent	005		
Interest-Property	006		
Depreciation	007		
Transportation	008		
Utilities	009		
Office Supplies & Materials	010		
Insurance	011		
Administration & General	012		
Employee physicals/uniforms/immunizations	013		
Medical Supplies	014		
GRAND TOTAL	015		

Service Statistics

Schedule 5

Schedule 5b (LHCSA)

— The purpose of Schedule 5 is for agencies to report their **projected service statistics** (patient count and units of service) by service type (Home Health Aide, PC Level I, etc.) and payor source (Medicaid, Medicare, private pay, etc.).

- It is critical that statistics are reported properly on this schedule as it has a direct impact on the budgeted rate.

— Schedule 5 requires reporting by the following payor types: Medicaid, Medicare, Private Pay, Other, and Dual-Eligible.

- For Medicaid, it requires reporting by the two types of Medicaid payment models:
  - o **Medicaid Fee-for-Service:** New York State provides direct reimbursement for the services provided (e.g., agency received a check or direct deposit from New York State).
  - o **Medicaid Managed Care:** Reimbursement is provided through contracts that providers have with MLTCs/MCOs (e.g., Fidelis, United Healthcare, Healthfirst, AgeWell, Aetna Better Health, etc.).

Schedule Totals (sum of all like columns from each table)	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Total Unique Patients	Total Unique Units of Service: Visits/Days	Total Unique Units of Service: Hours	Total Entity Costs (from Schedule 3b, Column 001)	Total cost per unit (not reimbursement rate)

LHCSA Name	LHCSA 1
LHCSA County	Albany

		Medicaid									Dual-eligible		
		FFS			MC			Total Medicaid (FFS + MC)					
		Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours
		001	002	003	004	005	006	007	008	009	010	011	012
Direct Care													
PC: Level I	001							0.00	0.00	0.00			
PC: Level II	002							0.00	0.00	0.00			
PC: Level II - Hard to Serve	003							0.00	0.00	0.00			
Live-in	004							0.00	0.00	0.00			
Nursing Supervision	005							0.00	0.00	0.00			
Nursing Assessment	006							0.00	0.00	0.00			
Shared Aide: Level I	007							0.00	0.00	0.00			
Shared Aide: Level II	008							0.00	0.00	0.00			
Subtotal (reimbursable services)	009	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Non-Reimbursable Services	010							0.00	0.00	0.00			
Subcontractor Services	011							0.00	0.00	0.00			
Home Health Aide	012							0.00	0.00	0.00			
GRAND TOTAL	013												

		Medicare			Private Pay			Other			Total				
		Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Patients	Units of Service: Visits/Days	Units of Service: Hours	Total Unique Patients	Total Unique Units of Service: Visits/Days	Total Unique Units of Service: Hours	Total Entity Costs (from Schedule 3b, Column 001)	Total cost per unit (not reimbursement rate)
		013	014	015	016	017	018	019	020	021	022	023	024	025	026
Direct Care															
PC: Level I	001										0.00		0.00	0.00	0.00
PC: Level II	002										0.00		0.00	0.00	0.00
PC: Level II - Hard to Serve	003										0.00		0.00	0.00	0.00
Live-in	004										0.00	0.00		0.00	0.00
Nursing Supervision	005										0.00	0.00		0.00	0.00
Nursing Assessment	006										0.00	0.00		0.00	0.00
Shared Aide: Level I	007										0.00		0.00	0.00	0.00
Shared Aide: Level II	008										0.00		0.00	0.00	0.00
Subtotal (reimbursable services)	009	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Other Non-Reimbursable Services	010										0.00	0.00	0.00	0.00	0.00
Subcontractor Services	011										0.00	0.00	0.00	1,500.00	1,500.00
Home Health Aide	012										0.00	0.00	0.00	0.00	0.00
GRAND TOTAL	013														

Public Charge

Schedule 7

Schedule 7b (LHCSA)

- The purpose of Schedule 7 is for agencies to report their **estimated charge to the general public** associated with designated service types offered by each entity. The data input requested for Schedule 7b is identical, but the service types offered vary for each entity.
- The public charge is the budgeted amount that a private pay patient would be charged for each specific service.

Please complete this schedule with your agency's budgeted or projected public charge for calendar year 2022

LHCSA Name	XYZ		
LHCSA County	Nassau		
		Unit of Service	Current Charge to the General Public
			001
Direct Care			
PC Level I	001	Hours	
PC Level II	002	Hours	
PC Level II - Hard To Serve	003	Hours	
Live-In	004	Days	
Nursing Supervision	005	Visits	
Nursing Assessment	006	Visits	
Shared Aide: Level I	007	Hours	
Shared Aide: Level II	008	Hours	

LHCSA Name	XYZ		
LHCSA County	Suffolk		
		Unit of Service	Current Charge to the General Public
			001
Direct Care			
PC Level I	001	Hours	
PC Level II	002	Hours	
PC Level II - Hard To Serve	003	Hours	
Live-In	004	Days	
Nursing Supervision	005	Visits	
Nursing Assessment	006	Visits	
Shared Aide: Level I	007	Hours	
Shared Aide: Level II	008	Hours	

Live Tool Demo