FAQs from the 2025 Home Care Cost Report Submission Kickoff Webinar held on June 11, 2026
Topic: General
Q.1. Will this presentation be provided? **A.1.** Yes, the presentation will be available within the "Instructions & Helpful Resources" tab in the "Useful Links" section of the web-based Tool. The presentation will also be available on the Department of Health's Home Care Cost Report website under "Home Care Cost Report Outreach Sessions."
Q.2. Are the questions submitted in the Microsoft Teams chat captured and shared after the webinar? **A.2.** Yes, the questions and answers become FAQs that are made available within the FAQ section of the "Instructions & Helpful Resources" tab in web-based Tool. In addition, webinar materials and FAQ documents are uploaded within the “Useful Links” section of the Tool. FAQs will also be available on the Department of Health's Home Care Cost Report website under "Home Care Cost Report Outreach Sessions."
Q.3. Is a Licensed Home Care Services Agency (LHCSA) that exclusively provides NHTD and TBI services required to submit a Home Care Cost Report? **A.3.** No. If a LHCSA only provides NHTD and TBI services, it is not required to submit a Home Care Cost Report.
Q.4. Where can agencies access the rate sheet calculation in the Tool? **A.4.** Rate sheets are not available within the web-based Tool. Once rates are calculated and approved, rate sheets are posted in the Health Commerce System (HCS) for agencies’ access. With any rate sheet questions or HCS access requests, agencies should contact the Department of Health (DOH) directly at CHHA-Rates@health.ny.gov or PersonalCare-Rates@health.ny.gov.
Web-based Tool
Q.5. How may users select a different Home Care agency within the Web-based Tool? **A.5.** When logging into the Tool, users with access to multiple organizations will be prompted to select an agency from a drop-down menu. To select a different organization after logging in, click “Select New Organization" in the upper-right corner of the screen. If you do not see this option, please reach out to us-advrisknyshc@Kpmg.com.

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Q.6. The NPI number did not pre-populate in the Reporting Hierarchy. How do we enter our agency's NPI? **A.6.** If the NPI did not pre-populate at item I.1 within the Reporting Hierarchy, please select "No" (indicating that the NPI number is not correct or did not populate). A sub-question I.1a will appear with open text allowing you to input your agency's NPI 10-digit number.
Cost Reporting
Q.7. Are FI providers required to complete and submit a 2025 Cost Report? **A.7.** Any provider that was in operation and received Medicaid dollars during the reporting period is required to complete and submit the Cost Report for the time in which services were provided. For example, if the organization provided services from January – July 2025 that were reimbursable by Medicaid, then the organization should report costs and statistics for the applicable entities for that same timeframe.
Q.8. If an agency provided CDPAS services from January through March and provided other services throughout the remainder of the year, is the agency required to submit two separate Home Care Cost Reports? **A.8.** Each agency should submit one Home Care Cost Report for each Federal Tax ID.
Q.9. How should we report data in the Home Care Cost Report if our financial statements are based on a fiscal year that is different than the calendar year? **A.9.** The Home Care Cost Report should be completed using the accounting methodology used for your agency's financial statements (e.g., accrual or cash basis). In addition, the Financial Statement Schedules of the Home Care Cost Report (Schedule 17, Schedule 18, and Schedule 19) should be completed using the reporting period of your agency. For example, if your agency's fiscal year is July 1 through June 30, then Schedules 17, 18, and 19 can be completed in line with this reporting period. It is important to note that regardless of the fiscal reporting period of your agency, all other schedules of the Home Care Cost Report (Schedule 1 through Schedule 16) should be reported on a calendar-year basis.
Q.10. As a follow up to FAQ #9, reporting revenue on Schedule 19 based on the FY vs. CY, may trigger a greater than 5% difference between Schedule 3 and Schedule 19 in the Financial Reconciliation tab? How should that difference be resolved?

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A.10. All financial reconciliation variances may be explained by entering a reconciling item within the Financial Reconciliation section of the Cost Report.
Q.11. How should RN visits provided to patients receiving NHTD, TBI, or PACE services be reported? Should these visits be considered nonreimbursable services? **A.11.** Yes. Any visits provided for NHTD, TBI, or PACE services, should be considered nonreimbursable. These visits should be reported on Schedules 3 and 5 in the appropriate nonreimbursable row 010 and column, as applicable.
Q.12. Has there been any change to the reporting requirements for entity-level expenses when operating from a single location? In previous cost reports, expenses were allocated across the counties served based on an allocation methodology. **A.12.** Expenses should be reported for each agency at the entity-level based on county served for FIs and LHCSAs, and by Operating Certificate for CHHAs. If expenses are not tracked separately by entity, an allocation methodology should be used to allocate costs to the appropriate entities for cost reporting purposes.
Q.13. Is Schedule 4 limited to Medicaid and Managed Care expenses, or should it include all agency expenses? **A.13.** Schedule 4 should include all program administration expenses for the agency and is not limited to Medicaid and Managed Care expenditures.