



March 17, 2026

**Re: CY 2024 Medicaid Fee-for-Service Rates Posted for Select Providers:  
Licensed Home Care Service Agencies (LHCSA – Personal Care-PC) and  
Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP–FI)**

Dear Medicaid Provider Administrator:

Please be advised that post-review 2024 Medicaid Fee-for-Service rate sheets for LHCSA and CDPAP-FI providers that attested or appealed during the 90-day review period are now available on the Health Commerce System (HCS – Attachment A provides instructions to access rate sheets on the HCS) and on the DOH website:

[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/pcr/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/pcr/) for PC and  
[https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/cdpap/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/cdpap/) for CDPAP–FI.

The personal care rates will take effect in eMedNY in cycle 2535, check release date April 8, 2026. The CDPAP rates will take effect in eMedNY in cycle 2536, check release date April 15, 2026.

The 2024 FFS rates were developed based on the data submitted in the 2022 cost reports and are all-inclusive. These rates are effective January 1, 2024, and consist of the following components:

- **Cost-based growth:** subject to applicable ceilings, based on 2021 audited cost reports.
- **Minimum Wage Adjustment for 2024 increases:** as established by the Minimum Wage Act (Article 19 of the New York State Labor Law). More information on NYS Minimum Wage Is available on the Department of Labor website at: <https://dol.ny.gov/history-minimum-wage-new-york-state>.

**Please Note:** FFS rates are only calculated when providers report FFS utilization for the service and county within the applicable cost report. Additionally, if no claims data exists to support the reported utilization, rates are not promulgated. Please reach out to the Department with any questions.

If you have any questions, please contact the Bureau e-mail for LHCSAs and FIs at [PersonalCare-Rates@health.ny.gov](mailto:PersonalCare-Rates@health.ny.gov).

Sincerely,

Laura Rosenthal, Director  
Bureau of Nursing Home and Long Term Care Rate Setting  
Division of Finance and Rate Setting  
Office of Health Insurance Programs

Enclosure:

Attachment A – Instructions for Accessing the 2024 FFS Rate Sheets in the Health Commerce System  
Attachment B – Rate Appeal Process

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## Attachment A – Instructions for Accessing the Post-Review 2024 FFS Medicaid Rate Sheets in the Health Commerce System (HCS)

- 1) Login to HCS: [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html);
- 2) Under “My Applications”, select **Healthcare Finance Data Gateway** (or go to “My Content” from the top line menu, then All Applications to search for the application under “C” for CHHA or “P” for Personal Care);
- 3) Click on the **Publications** section of this new application;
- 4) Under **Organization Type**, select “**Personal Care**” from the drop down menu;
- 5) Under **Collection**, select either “**Personal Care Rate Reports**” or “**CDPAP Rate Reports**” from the drop down menu;
- 6) Under **Package**, select the “**2024 Post Review Rates**” from the drop down menu and
- 7) Under **Organization**, select your agency, then select **Search**.
- 8) Next select the **Download** checkbox to save the Dear Administrator Letter and rate sheet pdf files as necessary.

Please note: If you encounter problems accessing your HCS account due to password expiration, please contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

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## **Attachment B: Rate Appeal Process**

Providers have **90 Days** from the date of this letter to submit appeal(s) to the rates posted here—in.

The Department will consider only those appeal requests based on the following criteria as stated in Section 505.14(h)(7)(iii)(c):

- Mathematical, statistical, fiscal, or clerical errors exist including data submission errors on the cost report.
- The provider is seeking a lower rate(s) in order to be more competitive among providers in their District.
- The provider has incurred new or unanticipated costs for programs or services mandated or approved by the department and that the cost report that the provider submitted to the Department does not reflect the provider's actual costs for reasons beyond the provider's control

The following information should be provided when submitting an appeal:

- A signed letter by the Operator or Chief Executive Officer, containing a detailed summary of the items of appeal.
- Supporting schedules or any other pertinent data not related to the annual cost report may be attached in the e-mail submission.