



# Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

September 18, 2026

**RE: CY 2025 Medicaid Fee-for-Service Rates Published For:  
Licensed Home Care Service Agencies (LHCSA – Personal Care),  
Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP/FI)**

Dear Medicaid Provider Administrator:

Please be advised that the CY 2025 Medicaid Fee-for-Service rate sheets for LHCSA and CDPAP-FI are now available on the Health Commerce System (HCS - Attachment A provides instructions to access rate sheets on the HCS) and on the following DOH web pages:

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

for CDPAP-FI at [https://www.health.ny.gov/facilities/long\\_term\\_care/reimbursement/cdpap/](https://www.health.ny.gov/facilities/long_term_care/reimbursement/cdpap/).

Rates will take effect in eMedNY in cycle 2562, check release date October 14, 2026.

The CY 2025 rates were developed based on data submitted in the 2023 Home Care Cost Reports and are all-inclusive. These rates are effective January 1, 2025, and consist of the following components:

- **Cost-based growth:** subject to applicable ceilings, based on 2023 audited cost reports.
- **Minimum Wage Adjustment for 2025 increases:** as established by Public Health Law Section 3614-f. More information on NYS Home Care Aide Minimum Wage is available on the Department of Labor [website](https://dol.ny.gov/minimum-wage) at <https://dol.ny.gov/minimum-wage>.

In accordance with NYCRR 18, Section 505.14(h)(7)(iii)(c), providers may appeal their rates within 90 days of this letter. Rate appeals must be filed by completing the form in Attachment B and submitting it to the Department.

**Please Note:** FFS rates are only calculated when providers report FFS utilization for the service and county within the applicable Cost report. If no claims data exists to support the reported utilization, rates are not promulgated.

If you have any questions, please contact the Bureau of Nursing Home and Long Term Care Rate Setting 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

Enclosures:

Attachment A – Instructions for Accessing the CY 2025 Medicaid FFS Rate Sheets in the  
NYS DOH Health Commerce System (HCS)

Attachment B – Home Care Rate Appeal Form

**ATTACHMENT A – Instructions to Access the CY 2025 Medicaid FFS Rate Sheets in the NYS DOH 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 “P” for Personal Care);
3. Click on the **Publications** Tab;
4. Under **Organization Type**, select either “**Home Health Agencies**” or “**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 “**2025 Rates**” from the drop down menu;
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.

## Home Care Rate Appeal Form

NYS Department of Health – Office of Health Insurance Programs – Division of Finance and Rate Setting

In accordance with Section 505.14(h)(7)(iii)(c) of NYCRR 18, providers have **90 Days** from the date of the rate notification Dear Administrator Letter (DAL), to submit a request for a Rate Appeal and revision of the posted rates. Please e-mail the filled out and signed Form to: [CHHA-rates@health.ny.gov](mailto:CHHA-rates@health.ny.gov) – for Certified Home Health Agencies (CHHA), or [PersonalCare-Rates@health.ny.gov](mailto:PersonalCare-Rates@health.ny.gov) – for Personal Care / Consumer Directed Personal Assistance Program Agencies.

### Agency Contact Information (must be an Agency CEO or CFO):

|                     |                    |                          |                    |               |
|---------------------|--------------------|--------------------------|--------------------|---------------|
| 1. Agency Name:     |                    | 2. Medicaid MMIS ID ID # | 3. Federal Tax ID: |               |
| 4a. Street Address: |                    | 4b. City:                | 4c. State:         | 4d. ZIP Code: |
| 5a. Contact Name:   | 5b. Contact Title: | 6. Telephone #           | 7. Email Address:  |               |

### Appeal Details:

| Reason for Appeal<br>In accordance with per Section 505.14(h)(7)(iii)(c) of NYCRR 18, Department will only consider the appeal requests that adhere to the below criteria: | Rate Setting Schedules (3, 4, 5 and 7) That Apply and Require Adjustments According to Section 505.14(h)(7)(iii)(c) | Documentation Required for DOH Review                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mathematical, statistical, fiscal, or clerical errors exist, including data submission errors in cost reports.                                                             |                                                                                                                     | Adjusted cost report submission via the web-based <a href="#">Tool</a> and required supporting documentation submitted via the <a href="#">SFTP</a> site |
| New or unanticipated costs associated with programs or services mandated or approved by the Commissioner.                                                                  |                                                                                                                     |                                                                                                                                                          |
| New or unanticipated costs associated with programs or services mandated or approved by the Commissioner.                                                                  |                                                                                                                     |                                                                                                                                                          |

**Description of Basis for Rate Appeal and Adjustments Requested: (attach additional pages if necessary)**

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Attachment B. Page 1 of 2

**Supporting Documentation Included:**

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**Agency Certifier's (CFO or CEO) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Certifier's Name and Title:** \_\_\_\_\_