



September 30, 2026

RE: 2025 Medicaid Fee-For Service (FFS) Cost Based Initial Certified Home Health Agency (CHHA) Pediatric Rates

Dear Administrator,

Please be advised that the CY 2025 Medicaid Fee-for-Service rate sheets for CHHA Pediatric services are now available on the Health Commerce System (HCS - Attachment A provides instructions to access rate sheets on the HCS).

Rates will take effect in cycle 2564, with a check release date of October 28, 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](#).

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.

A facility-specific list by effective date and pediatric service category and dollar amount is available on the Department's website at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/chha/

If you have any questions, please contact the Bureau email at CHHA-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 – Accessing the 2025 CHHA FFS Medicaid Rates Posted to the Health Commerce System (HCS) Gateway

Attachment B – Home Care Rate Appeal Form

System Gateway

Instructions:

Login to HCS: https://commerce.health.state.ny.us/public/hcs_login.html

Under “**My Applications**” tab heading in the upper left corner, 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).

Posted	Priority	Keyword	Source	Audience	Description	Recipients
08/07/2026	Advisory	Commissioner's Letter	NYSDOH	All Users	Developmental Screening for Children	Recipients
07/24/2026	Advisory	DAL 26-09	NYSDOH DHDTC	All Users	Resources for Medical Aid in Dying Launch Date of August 5, 2026	Recipients
07/17/2026	Advisory	Measles	NYSDOH	All Users	Suspected Measles Cases in Under-Immunized Communities	Recipients

Click on the **Publications** section of this new application.

Welcome to the Healthcare Financial Data Gateway

The navigation bar above contains selectable tabs for each functional area of the application and is used to navigate throughout the application. Please read the descriptions of these areas below:

- Software:** The "Software" tab is used to download the Cost Report Software, Matrix Reports and supporting documentation. Items selected for download will be saved as a zip file.
- Publications:** The "Publications" tab is used to download additional information distributed by the Department of Health that is not directly related to the distribution of the Cost Report software.
- Administration:** The "Administration" tab can be used to do any of the following:
 - Grant permissions to the applications, with or without email notifications
 - Manage Certifications
 - Manage Roles
 - Set Submission Cut Off Dates
 - Upload Software, Reports and Supporting Documentation

The screenshot shows the 'Healthcare Financial Data Gateway' website. The header includes the 'New York State Department of Health' logo and navigation links: Home, My Content, Search, Help Center, and Log out. The main content area is titled 'PUBLICATIONS' and contains a 'Search Publication' form. The form has four dropdown menus: 'Organization Type' (set to 'Home Health Agencies'), 'Collection' (set to '2025 CHHA Pediatric Initial Rate Sheet'), 'Package' (set to '2025 CHHA Initial Rates'), and 'Organization' (blank). A 'Search' button is located at the bottom of the form.

Under **Organization Type**, select “**Home Health Agencies**” from the drop-down menu.

Under **Collection**, select the following “**2025 CHHA Pediatric Initial Rate Sheet**” from the dropdown menu:

Under **Package**, select “**2025 CHHA Initial Rates**” from the drop-down menu:

Under **Organization**, select your agency, then click the **Search** button.

Next select **Download**.

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

ATTACHMENT B – Home Care Rate Appeal Form**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 – for Certified Home Health Agencies (CHHA), or 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 #	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 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 Tool and required supporting documentation submitted via the SFTP 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)

Supporting Documentation Included:

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

Certifier's Name and Title: _____

