



## Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, MD, MPH**  
Commissioner

**JOHANNE E. MORNE, MS**  
Executive Deputy Commissioner

October 24, 2025

Re: CY 2024 Rural County Supplemental Payment

Dear Medicaid Provider Administrator:

Please be advised that the calendar year 2024 Rural County enhancement supplemental payment is being issued for your agency, as a Medicaid reimbursement to qualifying Personal Care providers in Federally Designated Frontier and Remote (FAR) areas of New York State. The methodology for this supplemental payment is outlined in Attachment A.

The CY 2024 supplemental payments will be processed in cycle 2513, with a check release date of November 5, 2025. If you have any questions regarding the above information, please contact the Department via email 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 - Rural County Supplemental Payment Methodology

## **ATTACHMENT A**

### **Rural County Supplemental Payment Methodology**

Effective January 1, 2019 Medicaid qualified Personal Care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will be eligible for a rate adjustment to address losses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services. Effective July 1, 2020 and annually beginning January 1, 2021, the rate adjustment shall be a supplemental payment.

The FAR areas are determined by the US Department of Agriculture Economic Research Service and are based on zip codes and use population and urban-rural data from the 2010 U.S. Census.

#### **Eligibility**

Eligibility is based on the provider experiencing a combined loss in the Medicaid Personal Care Level II, Nursing Supervision, and Nursing Assessment services as identified based on the direct care rates component and the regulatory ceiling, for providers in the FAR regions.

#### **Methodology**

- 1) A difference is calculated between actual cost and current rates paid for the provision of Level II, Nursing Assessment and Nursing Supervision services, using the rates, home care cost report data, regulatory ceiling, and provider's billing / utilization data in Salient.
- 2) Each provider's total loss is determined by the sum of all eligible losses, for all eligible counties, and types of services provided during the reporting period.
- 3) Each provider's loss is divided by the sum of all eligible losses for all providers to establish the percentage of loss for that provider.
- 4) This percentage of loss is used to allocate the available funds as a supplemental lump sum payment to qualifying FAR Personal Care providers, not to exceed the amount of the provider's loss.