



Department
of Health

CY 2022 FFS Home Care Initial Rates: Certification and Update

Certified Home Health Agencies (CHHA – Pediatric)

Licensed Home Care Service Agencies (LHCSA – Personal Care)

Consumer Directed Personal Assistance Program/ Fiscal Intermediary (CDPAP – FI)

January – December 2022 Rate Setting

Webinar Logistics

- All participants will be on mute for the duration of the session
- Please use the Q&A feature in Webex to submit questions
- There will be time for questions both during and after the presentation
- Resources and contact information are included at the end
- The recording and slides will be posted on DOH website

Agenda

Topic	Speaker
Background, Timeline, and Process	DOH
Home Care cost report; Overview of rate development; Impact of reported 2020 data on 2022 rates	DELOITTE
Process for initial rates certification or appeal; Live demo of the Tool – time permitting	KPMG
Resources, Website, and Contact Information	DOH
Questions	DOH, KPMG & DELOITTE

Background

- The State implemented the new Home Care cost reports in 2019 and did NOT use the first year for 2021 rate development per industry's request.
- The 2020 Home Care cost reports were used to develop the January 1, 2022 rates. Additionally, they were used to further update existing April 1, 2022 and October 1, 2022 rates.
- Due to continuing discrepancies in reporting under the new process, the Department is opening the appeals process prior to loading rates into eMedNY.
- Providers **MUST** either accept/certify the rates as provided, or use the appeals process to correct the cost report submission.
- If a provider does NOT act, these rates will become final and no further adjustments will be made.

Personal Care and CDPAP Corrections

- The Department identified that the Regional Ceilings did not enable the growth from minimum wage increases to be captured within the Personal Care and Consumer Directed rates.
- The Department is now actively working to correct this, and will re-release rates through the HCS once available.
- The timeline on the next several pages will be adjusted to capture the updated rate release date.

Timeline

- **April 26, 2023**: Dear Administrator Letter (DAL) sent to providers and Initial rate calculation sheets for January 1, April 1, and October 1, 2022 are posted on the Health Commerce System (HCS).
- **May 2, 2023**: The Department Initial Rates webinar is held and 90 day appeals period begins.
- **TBD**: The Department will draw down any completed certifications and appeals (adjusted submissions) after 30 days, in an effort to support providers that have minimal or no changes with their new rates.
 - Appealed rates will be reviewed and re-calculated, and both appealed and certified rates will be loaded to eMedNY after internal and DOB approvals.
 - All providers will have until **TBD** to certify their rates or submit an appeal. The 30-day early response process is being offered as a convenience.

May 2023

Timeline (Cont'd)

- **TBD**: All rate appeals and certifications must be submitted to the Department via the web-based tool no later than this date (conclusion of 90 day appeal window).
- **TBD**: Appeals period is closed. All rate certifications and appeals will be processed, sent for approval, and then loaded into eMedNY after approval is granted.

Access the 2022 Initial Rates on HCS

1. Login to the Health Commerce System (HCS) website at:
https://commerce.health.state.ny.us/public/hcs_login.html
2. Under My Applications, select **Healthcare Finance Data Gateway**, or go to “My Content” at the top 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 **Home Health Agency** or **Personal Care** from the drop down menu;
5. Under **Collection**, select either of the following “**Jan, April or Oct 2022 Rates**” from the drop down menu;
6. Under **Package**, select “**Jan, April or Oct 2022 Rates**” from the drop down menu;
7. Under **Organization**, select your agency, then select **Search**.
8. Next select **Download** to save the initial rate computation sheets for January 1, 2022, April 1, 2022 and October 1, 2022.
9. Once reviewed, proceed to the web-based Tool to certify or appeal the initial rates.

May 2023

Regulatory Authority for Appeals

- Personal Care and Consumer Directed Personal Assistance Program
 - The Provider has 90 days from written notification to file an appeal
- Title 18 of the NYCRR; Section 505.14 - 7(v)(iii)(b)(1)
 - Within 90 calendar days after the provider receives the written notification of its rate, the provider must notify the department of any errors in the rate resulting either from the provider's submission of erroneous information in its cost report or the department's erroneous computation of the rate and of the provider' s request for a revised rate

Regulatory Authority Requiring Cost Report Submission

- Title 10 of the NYCRR; Parts 86-1.2, 1.3, 1.6 and 1.7 require agencies to submit their Home Care Cost Report to the Commissioner / Department, and failure to comply may result in the implementation of penalties pursuant to Part 86-1.2(c) and Section 12-d

Questions?

Please use the Q&A feature in Webex to submit your questions



May 2023

Home Care Cost Report: Impact of 2020 Cost Report Data on 2022 Rates

Presented by Deloitte Team

Topic	Page
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Consumer Directed Personal Care Assistance Program/ Fiscal Intermediary (CDPAP – FI)	14
Certified Home Health Agencies (CHHA – Pediatric)	15

FFS Home Care Rate Build Overview: Licensed Home Care Services Agencies (LHCSA – Personal Care)

Rate Components		Formula	Schedules used	Column/Line items used
Direct Care and Training				
(1)	Direct Care & Training Costs	(Direct Care & Training cost by service) / (Hours/Visits by service)	Schedule 3b Schedule 5b	Col 005/006 & 007-010 lines 001-007 Col 023 or 024 lines 001-007
(2)	Direct Care & Training Regional Ceiling	Capped at 115% of regional average provided by DOH		
(3)	Direct Care & Training Rate	Minimum of (1) and (2)		
Administration				
(4)	Admin Cost (excluding Capital and Background & Fingerprinting)	(Admin Cost per hour/visit) - (Capital Cost per hour/visit by service) - (Background & Fingerprinting Cost per hour/visit by service)	Schedule 3b Schedule 5b Schedule 3b Schedule 4b Schedule 4b	Col 004 lines 001-007 Col 023 or col 024 lines 001-007 Col 004 line 010 Total of col 004 lines 002-003 & 005-011 & 015 Col 003 line 001
(5)	Admin Ceiling (capped at 28% of Total Costs)	28% * [(Allowable Cost by service) / (Hours/Visits by service)]	Schedule 3b Schedule 5b	Col 003 lines 001-007 Col 023 or 024 lines 001-007
(6)	Direct Care & Training Regional Ceiling	(2)		
(7)	Lower of Admin Cost or Admin Ceiling or DC&T Ceiling	Minimum of (4), (5) and (6)		
(8)	Capital Costs	(Admin Percent) * [(Capital Cost across Sch 4b) / (Hours/Visits by service)]	Schedule 3b Schedule 3b Schedule 4b Schedule 5b	Col 004 lines 001-007 Col 004 line 010 Total of col 004 lines 002-003 & 005-011 & 015 Col 023 or col 024 lines 001-007
(9)	Background & Fingerprinting Costs	(Admin Percent) * [(Background & Fingerprinting across Sch 4b) / (Hours/Visits by service)]	Schedule 3b Schedule 3b Schedule 4b Schedule 5b	Col 004 lines 001-007 Col 004 line 010 Col 003 line 001 Col 023 or col 024 lines 001-007
(10)	Admin Cost (including Capital and Background & Fingerprinting)	(7) + (8) + (9)		
(11)	Admin and Direct Care & Training Rate	(3) + (10)		
Rate Add-Ons				
(12)	Profit / Surplus	(11) * [(Allowable costs for aide wages and benefits across Sch 3b) / (Total Allowable cost across Sch 3b) * (6 Months T-Bill rate)]	Schedule 3b Schedule 3b	Col 005/006 & 008-010 lines 001-007 Col 003 lines 001-007
(13)	Total Rate	(11) + (12)		
(14)	Public Charge Rate		Schedule 7b	Col 001 lines 001-007
(15)	Lower of Total Rate or Public Charge Rate (if > \$0)	Minimum of (13) and (14)		
(16)	Minimum Wage	\$0 for 'Nursing Supervision' and 'Nursing Assessment'. For all other services, the increase is dependent on whether the county served is in Upstate/Downstate. The 'Live-in' minimum wage increase is base rate times 13 hours of service. For other services, the minimum wage add-on is based on the hourly increase.		
(17)	Home Care Worker Minimum Wage Increase (eff. 10/1/2022) ¹	\$2 Home Care Worker Minimum Wage increases depending on category of service.		
(18)	Worker Recruitment & Retention	[(15) + (16) + (17)] * 4.56%		
(19)	1% Medicaid ATB Increase (eff. 4/1/2022) ¹	[(15) + (16) + (17) + (18)] * 1%		
(20)	Final Rate (One Client)	(15) + (16) + (17) + (18) + (19)		

Note: The 1% ATB increase, and \$2 Home Care Worker Minimum Wage increases are applicable for rates effective 4/1/2022 and 10/1/2022, respectively.

FFS Home Care Rate Build Overview: Consumer Directed Personal Care Assistance Program/Fiscal Intermediary (CDPAP – FI)

Rate Components		Formula	Schedules used	Column/Line items used
Direct Care and Training				
(1)	Direct Care & Training Costs	(Direct Care & Training cost by service) / (Hours/Visits by service)	Schedule 3c Schedule 5c	Col 005/006 & 007-010 lines 001-006 Col 023 or 024 lines 001-006
(2)	Direct Care & Training Regional Ceiling	Capped at 115% of regional average provided by DOH		
(3)	Direct Care & Training Rate	Minimum of (1) and (2)		
Capital and Background & Fingerprinting Costs¹				
(4)	Capital Costs	(Admin Percent) * [(Capital Cost across Sch 4c) / (Hours/Visits by service)]	Schedule 3c Schedule 3c Schedule 4c Schedule 5c	Col 004 lines 001-006 Col 004 line 007 Total of col 004 lines 002-003 & 005-011 & 015 Col 023 or col 024 lines 001-006
(5)	Background & Fingerprinting Costs	(Admin Percent) * [(Background & Fingerprinting across Sch 4c) / (Hours/Visits by service)]	Schedule 3c Schedule 3c Schedule 4c Schedule 5c	Col 004 lines 001-006 Col 004 line 007 Col 003 line 001 Col 023 or col 024 lines 001-006
(6)	Total Capital and Background & Fingerprinting Costs	(4) + (5)		
(7)	Direct Care & Training Rate and Capital and Background & Fingerprinting Costs	(3) + (6)		
Rate Add-Ons				
(8)	Profit / Surplus	(7) * [(Allowable costs for aide wages and benefits across Sch 3c) / (Total Allowable cost across Sch 3c) * (6 Months T-Bill rate)]	Schedule 3c Schedule 3c	Col 005 & 008-010 lines 001-006 Col 003 lines 001-006
(9)	Total Rate	(7) + (8)		
(10)	Public Charge Rate		Schedule 7c	Col 001 lines 001-006
(11)	Lower of Total Rate or Public Charge Rate (if > \$0)	Minimum of (9) and (10)		
(12)	Minimum Wage	The increase is dependent on whether the county served is in Upstate/Downstate. The 'Live-in' minimum wage increase is base rate times 13 hours of service. For other services, the minimum wage add-on is based on the hourly increase.		
(13)	Home Care Worker Minimum Wage Increase (eff. 10/1/2022) ²	\$2 Home Care Worker Minimum Wage increases depending on category of service.		
(14)	Worker Recruitment & Retention	[(11) + (12) + (13)] * 4.56%		
(15)	1% Medicaid ATB Increase (eff. 4/1/2022) ²	[(11) + (12) + (13) + (14)] * 1%		
(16)	Final Rate (One Client)	(11) + (12) + (13) + (14) + (15)		

Notes: 1. Effective April 2021, the State is reimbursing admin costs for FIs (except capital, background & fingerprinting costs) through a separate utilization-based tiered PMPM approach. Therefore, the admin rate comprises of capital, background and fingerprinting costs.

2. The 1% ATB increase, and \$2 Home Care Worker Minimum Wage increases are applicable for rates effective 4/1/2022 and 10/1/2022, respectively.

FFS Home Care Rate Build Overview: Certified Home Health Agencies (CHHA – Pediatric)

Rate Components		Formula	Schedules used	Column/Line items used
Total Allowable Costs (including all Administrative Expenses)				
(1)	Cost per Utilization	(Total Allowable cost by service) / (Hours/Visits by service)	Schedule 3a Schedule 5a.1 Schedule 5a.2	Col 003 lines 001-018 Cols 023-024 lines 001-017, 019 Cols 023-024 lines 001-017, 019
(2)	Regional Group Ceiling	110% * the regional centered average cost/utilization ¹	Schedule 3a Schedule 5a.1 Schedule 5a.2	Col 003 lines 001-018 for all regional agencies Cols 023-024 lines 001-017, 019 for all regional agencies Cols 023-024 lines 001-017, 019 for all regional agencies
(3)	Public Charge Rate	Current Charges to the General Public	Schedule 7a	Col 001 lines 001-010
(4)	Total Allowable Costs Rate	Minimum of (1), (2), and (3)		
Disallowed Administrative Expenses (Subject to Statewide Admin Cap)				
(5)	Total Agency Admin & General Cost as % of Operating Costs	(Total Admin & General Costs) / [(Total Allowable Costs) – (Capital Costs)]	Schedule 3a Schedule 4a	Col 003 line 019 Col 004 lines 002-003, 005-011, 014-016, 018
(6)	Agency Admin Rate	(4) * (5)		
(7)	Statewide Average Cap Admin & General Cost Percentage	(Total Admin & General Costs) / [(Total Allowable Costs) – (Capital Costs)]	Schedule 3a Schedule 4a	Col 003 line 019 for all providers statewide Col 004 lines 002-003, 005-011, 014-016, 018 for all providers statewide
(8)	Allowable Admin & General Cap	(4) * (7)		
(9)	Disallowed A&G	(8) - (6)		
(10)	Total Rate	(4) + (9)		
Rate Add-Ons				
(11)	Minimum Wage	\$0 for 'Nursing', 'Physical Therapy', 'Speech Therapy', and 'Occupational Therapy'. For 'Home Health Aide', the hourly minimum wage increase is dependent on whether the county served is in Upstate/Downstate.		
(12)	Home Care Worker Minimum Wage Increase (eff. 10/1/2022) ²	\$2 Home Care Worker Minimum Wage increases depending on category of service.		
(13)	Worker Recruitment & Retention	[(10) + (11) + (12)] * 2.25%		
(14)	Recruitment, Training & Retention Adjustment	[(10) + (11) + (12)] * 4.70%		
(15)	1% Medicaid ATB Increase (eff. 4/1/2022) ²	[(10) + (11) + (12) + (13) + (14)] * 1%		
(16)	Final Rate	(10) + (11) + (12) + (13) + (14) + (15)		

Notes: 1. The regional centered average cost/utilization is equal to the sum of the regional agencies specific cost/utilization floored at 75% and capped at 125% of the regional average cost/utilization.

2. The 1% ATB increase, and \$2 Home Care Worker Minimum Wage increases are applicable for rates effective 4/1/2022 and 10/1/2022, respectively.

Minimum Wage Information

- 2022 rates* include minimum wage add-ons (below the line adjustments) for all years of minimum wage increases.
 - All NYC employers reached \$15 in 2020
 - Downstate employers (Nassau, Suffolk, Westchester) reach \$15 in 2022 (\$1 increase in 2022 rates, excluding fringe)
 - Remainder of State employers reach \$13.20 in 2022 (\$0.70 increase in 2022 rates, excluding fringe)
- 2022 rates also include both the 1% increase, effective April 2022, and the \$2 (excluding fringe) Home Care Minimum Wage increase, effective October 2022

* Nursing Supervision and Administration are excluded as employee salaries exceed minimum wage.

Questions?

Please use the Q&A feature in Webex to submit your questions



May 2023

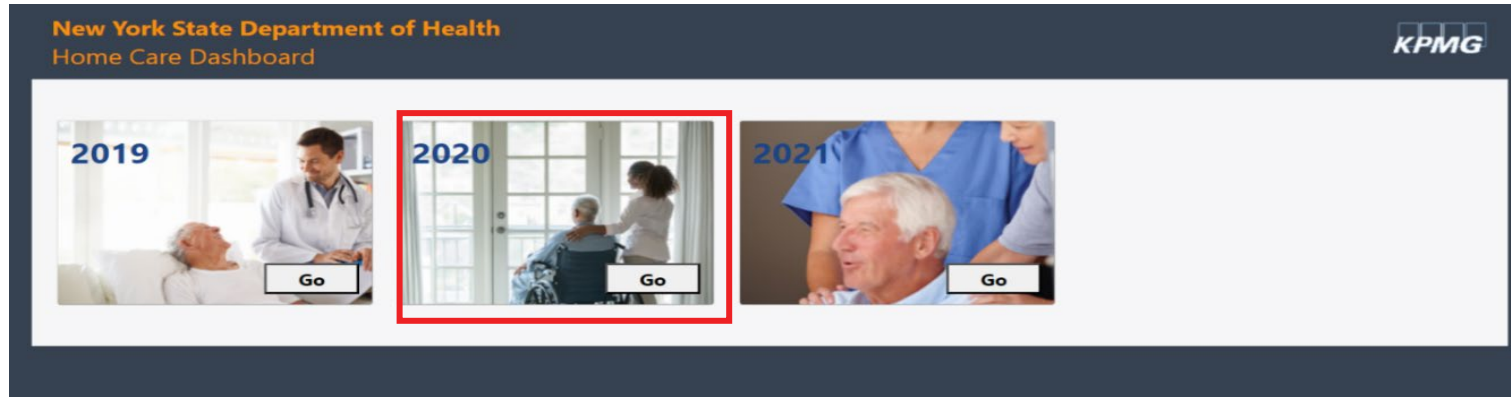
2022 Initial Rates Certification or Appeal Process in Updated Web-based Tool

Presented by KPMG Team

Topic	Page
Process for initial rates certification or appeal via the web-based tool	19-20
2020 cost report schedules adjustments to ensure data accuracy	21
Submitting the adjusted report and certification	22-23

Accessing the 2020 Home Care Web-based Tool

- **Step 1:** Navigate to the Home Care web-based Tool page at the tool link below. Once you enter the link, please select the “2020” option (shown below) and click “Go”. <https://desoto.certisphere.com/doh/HomeCareDashboard.html>.



- **Step 2:** Enter your username (email address) and password to log into the Tool. If you forgot your password, please click the “Password Help?” link on the Web-based Tool log-in page. You will then receive an email containing the steps to reset your password. If you have any other difficulties logging in, please send an inquiry to the KPMG Home Care Cost Report mailbox at us-advrisknyshc@kpmg.com.
- **Step 3:** Once you have successfully logged in, you will be prompted to select the agency you wish to appeal/accept the rate for using the drop-down menu as shown below. Click the drop-down option, select the applicable agency, and click “Select Organization.”

Rate Certification Tab

- **Step 4:** Navigate to the “Rate Certification” tab pictured below. Please review the information at the top of this tab carefully. Once the information has been reviewed, enter the name, title, and email address of the executive-level individual completing the certification and use the multiple-choice option to accept or appeal the 2022 Medicaid reimbursement rate(s) communicated to your agency in the “Dear Administrator Letter” from the Department. You may include an explanation for your acceptance or appeal within the text box provided.
- **Step 5:** Submit your acceptance or appeal by clicking the “Submit” button

Instructions	Frequently Asked Questions (FAQ)	Reporting Hierarchy	Cost Report Schedules	General Questionnaire	Cost Report Submission	Documentation Requests	Extensions	Contact Information	Agency Representation	Audit / Questions	Data Representation	Rate Certification	Reporting
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Rate Certification

The New York State Department of Health communicated the initial 2022 Medicaid rates within a Dear Administrator Letter sent to Test Organization via email on 4/17/23. These rates were calculated using the data submitted within the 2020 Home Care Cost Report. Please review the rate(s) communicated to you by the Department. If you have not received this communication, or have questions regarding the rate calculation, please send an inquiry with the subject line "2022 rate calculation" to CHHA-Rates@health.ny.gov (for CHHA related questions) or PersonalCare-Rates@health.ny.gov (for LHCSA and FI questions). Please note that rate-related questions should not be sent to us-advriskyshc@kpmg.com.

Using the options below, please indicate whether you accept the 2022 rate(s), or would like to appeal the rate(s). If you choose to appeal the 2022 rates communicated by the Department, you will have 90 calendar days from receipt of the Dear Administrator Letter (by 7/09/23) to refile Schedules 3, 4, 5, and 7 of the 2020 cost report, within the "Adjusted Cost Report Schedules" tab in the Tool. If you chose to appeal your 2022 rate, once you select the submit button below, you will be directed to the "Adjusted Cost Report Schedules" tab of the Tool, where you will be required to complete and submit updated cost report data for Schedules 3, 4, 5, and 7. If the appeal submission is not accompanied by an adjusted cost report submission, the appeal will not be considered. If the Adjusted Cost Report is submitted, the adjusted cost report data will be used by the Department to calculate new 2022 rates. If the Adjusted Cost Report is not submitted within the 90 days allotted, the original 2020 Cost Report and the current 2022 rate(s) will be considered final.

The Department requires that the rate certification process should be completed by an officer of the home care agency or a member of the home care agency's senior management team. It is strongly recommended that this individual be the agency's CEO, CFO, VP of Finance, or equivalent.

Please provide the name and title of the official certifying the 2022 Medicaid reimbursement rate(s) communicated by the Department.

Name: Title: Email Address:

Please respond accordingly and submit

I accept the 2022 Medicaid rates calculated by the Department

I would like to appeal the 2022 Medicaid rates calculated by the Department and refile the 2020 cost report within 90 days of receipt of the 2022 Notice Rate Dear Administrator Letter

Explanation

Submit button

Rate Certification Tab (Cont'd)

- **Step 6:** If you would like to specify the specific rate(s) for which you agree or disagree to retain as a reference within the cost report web-based tool, you may complete the table(s) below in the bottom of the tab. **The completion of this section is optional.**
 - Note that one table will appear for each entity type (CHHA, LHCSA, FI) that your agency operates. For example, if your agency operates LHCSA and FI entities, two tables will appear (one for LHCSA rates and one for FI rates).

The following section is optional. If your agency would like to further specify the rate(s) it agrees or disagrees with as a reference to retain in the Cost Report web-based tool, you may complete the following section.

In the chart below, please fill out the requested rate information for each CHHA rate received. Using the drop-down options, select the operating certificate and service type for the rate(s) received. Then, please enter the Medicaid rate dollar value communicated by DOH for that county and service type. Lastly, please select "agree" or "disagree."
If you operate multiple entities and service types, please use the "add row" feature to the right of the chart to add a row for each rate received.

Operating Certificate	Service Type	Notice rate communicated by DOH	Agree/Disagree with the notice rate	Comments
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	xx
	--Select a Service Type--	0	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree	x
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	
	--Select a Service Type--		<input type="radio"/> Agree <input type="radio"/> Disagree	

Add row

In the chart below, please fill out the requested rate information for each LHCSA rate received. Using the drop-down options, select the county and service type for the rate(s) received. Then, please enter the Medicaid rate dollar value communicated by DOH for that county and service type. Lastly, please select "agree" or "disagree."
If you operate multiple entities and service types, please use the "add row" feature to the right of the chart to add a row for each rate received.

County	Service Type	Medicaid reimbursement rate	Agree/Disagree with the rate communicated	Comments
	--Select a Service Type--	0	<input type="radio"/> Agree <input checked="" type="radio"/> Disagree	
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	
	--Select a Service Type--		<input type="radio"/> Agree <input type="radio"/> Disagree	

Add row

In the chart below, please fill out the requested rate information for each FI rate received. Using the drop-down options, select the county and service type for the rate(s) received. Then, please enter the Medicaid rate dollar value communicated by DOH for that county and service type. Lastly, please select "agree" or "disagree."
If you operate multiple entities and service types, please use the "add row" feature to the right of the chart to add a row for each rate received.

County	Service Type	Medicaid reimbursement rate	Agree/Disagree with the rate communicated	Comments
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	
	--Select a Service Type--	0	<input checked="" type="radio"/> Agree <input type="radio"/> Disagree	
	--Select a Service Type--		<input type="radio"/> Agree <input type="radio"/> Disagree	

Add row

Submitting the Adjusted Cost Report

- Step 7 (for agencies that appeal their rate):** After submitting an appeal, you must navigate to the “Adjusted Cost Report Schedules” tab in the Tool (pictured below). This tab will be unlocked for your agency to make changes to Schedules 3, 4, 5, and 7 of the 2020 cost report. Note that the information from your agency’s original cost report submission will be copied into this tab, so that you can efficiently execute the adjustments to your original submission.

Once edits are complete, you will need to review the certification at the top of tab to verify the accuracy and completeness of the adjusted data, enter the name and title of the individual certifying and submitting the adjusted cost report, and click the “Submit Adjustments” button (shown in image below). The Adjusted Cost Report is required to be certified and submitted by an officer of the agency or member of the agency’s senior management team.

Adjusted Cost Report Submission

In the Adjusted Cost Report schedules below, please execute the necessary adjustments to Test Organization 2's original cost report submission. Once all adjustments have been entered, the Adjusted Cost Report Schedules tab must be submitted. Note that by submitting the Adjusted Cost Report Schedules, you are confirming the following:

I HEREBY CERTIFY THAT I HAVE EXAMINED THE INFORMATION CONTAINED IN THE ADJUSTED HOME CARE COST REPORT FOR THE PERIOD BEGINNING 1/1/2020 AND ENDING 12/31/2020, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE AGENCY IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. Please provide the name and title of the official taking responsibility for the confirmation and associated submission. This individual should be an officer of the home care agency or a member of the home care agency's senior management team, not a staff-level person or consultant.

Name: Title: **Submit Adjustments**

Schedule	Status
Schedule 1	✓
Schedule 2	✓
Schedule 3a	✓
Schedule 3b	✓
Schedule 3c	✓
Schedule 4a	✓
Schedule 4b	✓
Schedule 4c	✓
Schedule 5a.1	✓
Schedule 5a.2	✓
Schedule 5b	✓
Schedule 5c	✓

Schedule 3a: CHHA Costs & Expenses by Service Type										
Schedule Totals (sum of all like columns from each table)	Total Entity Costs (002 + 003)	Non-Allowable Costs (Adjustment to Expense)	Allowable Costs (Sum of 004 through 010)	Program Administration	Program Aide (Direct Care)	Program RN Supervision/Assessment (Direct Care)	Program Staff Training	Transportation	Contracted Purchased Services	Other
	310	51	259	40	37	37	36	37	38	34

CHHA Name		CHHA 1									
CHHA Operating Certificate		Orange									
	Total Entity Costs (002 + 003)	Non-Allowable Costs (Adjustment to Expense)	Allowable Costs (Sum of 004 through 010)	Program Administration	Program Aide (Direct Care)	Program RN Supervision/Assessment (Direct Care)	Program Staff Training	Transportation	Contracted Purchased Services	Other	
	001	002	003	004	005	006	007	008	009	010	
Direct Care											
Home Health Aide	001	40	5	35	5	5	5	5	5	5	
Home Health Physical Therapy	002	40	5	35	5	5	5	5	5	5	
Home Health Occupational Therapy	003	40	5	35	5	5	5	5	5	5	

Submitting the Adjusted Cost Report (Cont'd)

- If the adjusted cost report was successfully submitted, you will see a “submitted” stamp in place of the previous “submit adjustments” button. The adjusted cost report data will be used by the Department to calculate new 2022 rate(s).
 - If the Adjusted Cost Report is not submitted within the 90-day appeal period, the original 2020 Cost Report and the current 2022 rate(s) will be considered final.

Instructions	Frequently Asked Questions (FAQ)	Reporting Hierarchy	Cost Report Schedules	General Questionnaire	Cost Report Submission	Documentation Requests	Extensions	Adjusted Cost Report Schedules	Contact Information	Agency Representation	Audit / Questions	Data Representation
Rate Certification	Reporting											

Adjusted Cost Report Submission

In the Adjusted Cost Report schedules below, please execute the necessary adjustments to Test Organization 2's original cost report submission. Once all adjustments have been entered, the Adjusted Cost Report Schedules tab must be submitted. Note that by submitting the Adjusted Cost Report Schedules, you are confirming the following:

I HEREBY CERTIFY THAT I HAVE EXAMINED THE INFORMATION CONTAINED IN THE ADJUSTED HOME CARE COST REPORT FOR THE PERIOD BEGINNING 1/1/2020 AND ENDING 12/31/2020, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE AGENCY IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED.

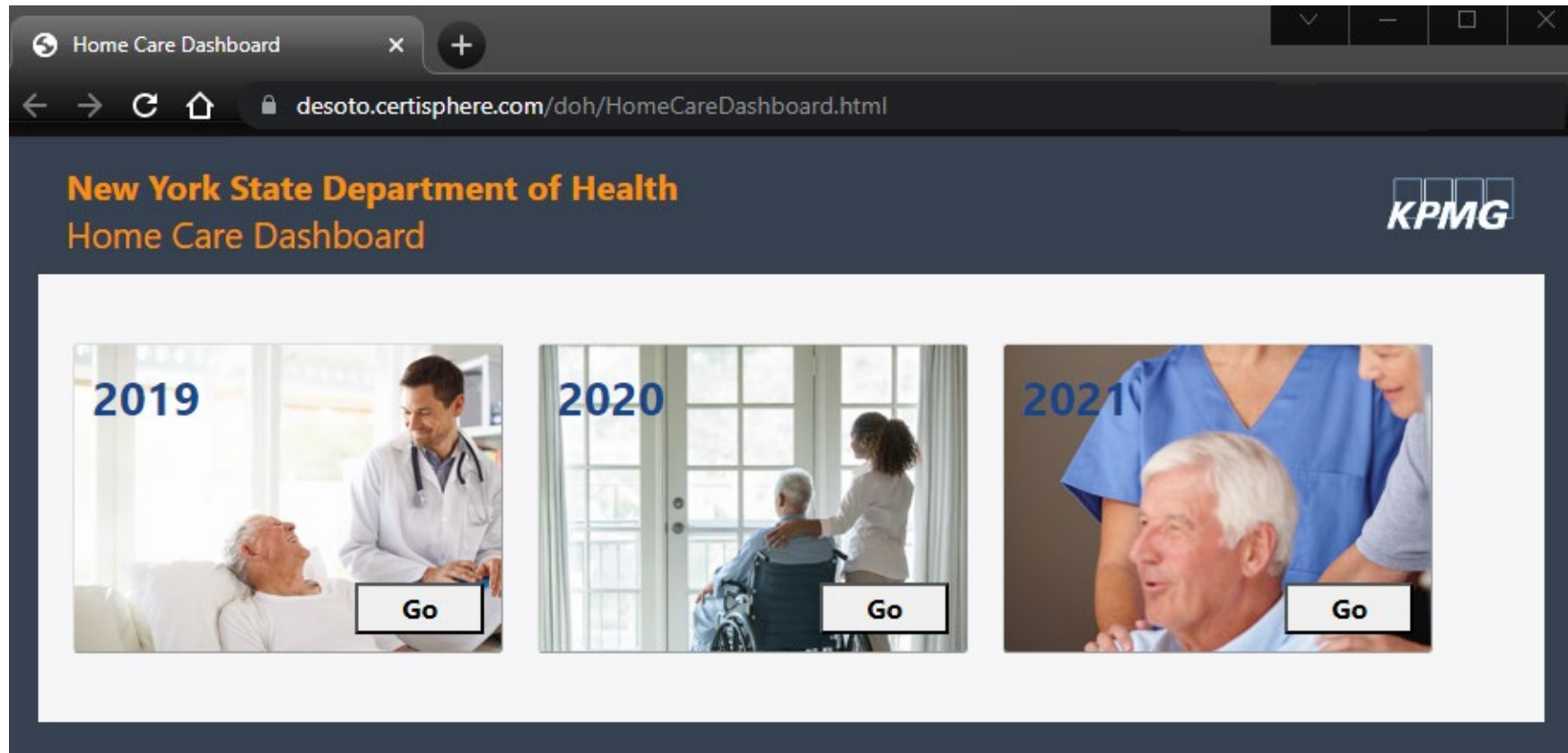
Please provide the name and title of the official taking responsibility for the confirmation and associated submission. This individual should be an officer of the home care agency or a member of the home care agency's senior management team, not a staff-level person or consultant.

- Submitted - Test, Test Org

Schedule 1	✓	Schedule 1: General Information - Agency										
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Live Demo of Home Care Web-based Tool

Presented by KPMG Team



Resources, Website, and Contact Information

- **Home Care Web-based Tool:**
<https://desoto.certisphere.com/doh/HomeCareDashboard.html>
- **Health Commerce System (HCS):**
https://commerce.health.state.ny.us/public/hcs_login.html
- HCS account login problems: Commerce Accounts Management Unit (CAMU) at 1-866-529-1890

Resources, Website, and Contact Information

- Email Bureau of Nursing Home and Long Term Care Rate Setting:
 - **CHHAs** CHHA-Rates@health.ny.gov
 - **LHCSAs and FIs** PersonalCare-Rates@health.ny.gov
- NYS DOH, Division of Finance and Rate Setting, Bureau of Nursing Home and Long Term Care Rate Setting websites –
 - https://www.health.ny.gov/health_care/medicaid/rates/dfrs/bltcr.htm
 - https://www.health.ny.gov/facilities/long_term_care/reimbursement/
- NYS DOL Minimum Wage guidance through 2022 rates
 - <https://dol.ny.gov/history-minimum-wage-new-york-state>

Questions?

Please use the Q&A feature in Webex to submit your questions



May 2023