



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

August 18, 2023

Dear Administrator:

This letter provides you with information regarding your Personal Care Medicaid reimbursement related to the Rural County supplemental payments for calendar year 2022. The methodology for this supplemental payment can be found in Attachment A.

The 2022 supplemental payments will be processed in cycle 2400, check release date September 6, 2023. The Department's regulations allow rate appeals to be filed within 90 days from the date of this letter (see Attachment B). If you have any questions regarding the above information, please contact us via email at PersonalCare-Rates@health.ny.gov.

Sincerely,

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

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 will be calculated between actual cost and current rates paid for the provision of Level II, Nursing Assessment and Nursing Supervision services, using the rates, regulatory ceiling and provider's utilization data in Salient.
- 2) Each provider's total loss is determined by combining their loss for all counties, for all eligible types of services provided.
- 3) A supplemental payment is authorized to qualifying FAR Personal Care providers per Rural distribution program regulations, not to exceed the value of the provider's loss.

ATTACHMENT B RATE APPEAL PROCESS

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

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 in cost report or in Salient.
- By reason of costs associated with programs, services, activities, or initiatives mandated or approved by the Commissioner.
- The agency is seeking a lower rate(s) in order to be more competitive among providers in their District.
- Changes in provider's charge to the general public not properly reported in the initial 2015, or in subsequent cost report submissions.

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 and the Declaration Control Number (DCN) of any revised cost report submission.
- Supporting schedules or any other pertinent data not related to the annual cost report may be attached in the e-mail submission.
- Any item of appeal that alters the cost data for the prior annual cost report/s requires that the revised report be filed electronically. The revised report must have a **new** DCN and must be recertified by both the operator and the independent accountant.

Please submit appeals to PersonalCare-Rates@health.ny.gov and file revised cost reports electronically through the Home Care Cost Reporting [Tool](#).