

NEW YORK STATE DEPARTMENT OF HEALTH
 OFFICE OF HEALTH INSURANCE PROGRAMS
 BUREAU OF LONG TERM CARE REIMBURSEMENT
 CERTIFIED HOME HEALTH AGENCY

2020 CERTIFIED HOME HEALTH AGENCY RATES - APRIL 2020 WRR REDUCTION
 2020 MEDICAID RATE SHEET
 EFFECTIVE 04/01/20 - 12/31/20

FACILITY:SULLIVAN PUBLIC HLTH NSG CO
 OPCERT:5220601
 GROUP:PUBLIC
 COUNTY:SULLIVAN
 REGION:NORTHERN METRO
 REPORT YEAR:2018
 DCN:92061032
 TREND:1.0000

COST REPORT DATA:	NURSING	PT	SPEECH	OT	HHA
CURRENT CHARGES:	175.00	125.00	125.00	125.00	46.00 HR
2018 MA VISITS:	146	19	26	16	
2018 MA HOURS:					0
2018 TOTAL VISITS	6,303	4,333	455	1,527	
2018 TOTAL HOURS:					1,942
*2018 ADJUSTED					
ALLOWABLE COSTS:	2,116,012	480,196	52,773	158,003	165,208
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RATE CALCULATIONS:	NURSING	PT	SPEECH	OT	HHA
COST/VISIT:	335.72	110.82	115.98	103.47	
COST/HOUR:					85.07 HR
GROUP CEILING:	257.72	139.32	122.93	135.28	69.58 HR
PROJECTED COST:	257.72	110.82	115.98	103.47	69.58 HR
CURRENT CHARGES:	175.00	125.00	125.00	125.00	46.00 HR

** 2020 RATES PRIOR TO A & G CAP (TO PAGE 2)	NURSING	PT	SPEECH	OT	HHA
	175.00	110.82	115.98	103.47	46.00 HR

* NURSING AND THERAPY COSTS INCLUDES ADJUSTED ALLOWABLE MSS COST OF: 107,892

** PROJECTED COST IS THE LOWER OF THE TRENDED
 GROUP CEILING OR TRENDED COST PER VISIT/HOUR

*** RATES ARE HELD TO THE LOWER OF PROJECTED COST OR CHARGE

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1.) 2018 TOTAL ALLOWABLE COSTS (SCH. C, CCLN 0001/133)	2,974,129
2.) 2018 TOTAL COSTS (SCH. A, CCLN 0010/023)	4,826,737
3.) REIMBURSABLE PERCENTAGE (LINE 1/ LINE 2)	61.62%
4.) 2018 TOTAL CAPITAL COSTS (SCH. A, CCLN 0010/010 + 0010/011)	42,446
5.) 2018 REIMBURSABLE CAPITAL COSTS (LINE 4 X LINE 3)	26,155
6.) 2018 REIMBURSABLE OPERATING COSTS (LINE 1 - LINE 5)	2,947,974
7.) 2018 TOTAL ADMIN. & GENERAL COSTS (SCH. A, CCLN 0010/014)	1,077,115
8.) 2018 REIMBURSABLE ADMIN. & GENERAL COSTS (LINE 7 X LINE 3)	663,718
9.) 2018 AGENCY ADMIN. & GENERAL COST % (LINE 8 / LINE 6)	22.51%
10.) ALLOWABLE ADMIN & GENERAL COST % (LOWER OF LINE 9 OR STATEWIDE AVERAGE CAP OF 27.48%)	22.51%

	NURSING	PT	SPEECH	OT	HHA
=====					
RATE PRIOR TO A&G CAP (FROM PAGE 1)	175.00	110.82	115.98	103.47	46.00 HR
TOTAL A&G % X RATE (LINE 9)	39.39	24.95	26.11	23.29	10.35
ALLOW. A&G % X RATE (LINE 10)	39.39	24.95	26.11	23.29	10.35
DISALLOWED A&G	0.00	0.00	0.00	0.00	0.00
** 2020 MEDICAID RATE	175.00	110.82	115.98	103.47	46.00 HR
HHA SHARED AIDE RATE IS 15 MIN.					11.50

** RATES ARE PER VISIT UNLESS OTHERWISE NOTED

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WORKER RECRUITMENT AND RETENTION

RATE CALCULATIONS:	NURSING	PT	SPEECH	OT	HHA
2020 RATE:	175.00	110.82	115.98	103.47	46.00 HR
2.25% ADJUSTMENT:	3.94	2.49	2.61	2.33	1.03
4.70% ADJUSTMENT*	8.22	5.21	5.45	4.86	2.16
2020 RATES:	187.16	118.52	124.04	110.66	49.19 HR
Misc adjustment:	0.00	0.00	0.00	0.00	2.54
REVISED 2020 RATES:	187.16	118.52	124.04	110.66	51.73 HR

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 HHA SHARED AIDE RATE IS 15 MIN. 12.93

* Homecare Recruitment, Training & Retention Adjustment - PHL 3614(9)