

## FAQs from the 2021 Home Care Cost Report July Outreach Session held on July 21, 2022

### Topic:

#### Web-based Tool

**Q.1.** I am receiving a “404 error” while trying to log-in to the Web-based Tool. What should I do?

**A.1.** If you experience a “404 Error” when attempting to log in to the Tool, we recommend refreshing the login page or closing out of the window and reopening the 2021 link. Additionally, the Tool operates best in Google Chrome and Microsoft Edge, so we recommend using one of those two browsers to access the Tool.

#### Cost Reporting

**Q.2.** Where should Nursing Home Transition and Diversion (NHTD) and Traumatic Brain Injury (TBI) waiver program units of service be reported on Schedule 5?

**A.2.** NHTD and TBI program patients and units of service should be reported in the “Other non-allowable services” row on Schedule 5, as those services are considered non-allowable on the Home Care Cost Report.

**Q.3.** If a patient’s address changes during the year, which county should the patient be reported in on Schedule 5? Should the visits/hours be reported in the county at the time of service?

**A.3.** If a patient’s address changes, the service statistics (i.e., patients and units of service) should be reported in the county where the service was provided for each visit/hour on Schedule 5. For example, if 50 of the patient’s visits occurred in Albany County and then the patient changed addresses and had the remaining 100 visits in Orange County, the agency should report 50 visits in Albany County and 100 visits in Orange County. The patient can either be reported in the county with the most visits (report 0 patients in Albany County and 1 patient in Orange County) or allocated across the two counties (report .33 patients in Albany County and .66 patients in Orange County). Note that if a patient switches providers (i.e., home care agencies), then each provider should report the individual as 1 patient on Schedule 5.

**Q.4.** Does every agency receive a Workers’ Recruitment & Retention (WR&R) rate? If so, where can I find my WR&R rate?

**A.4.** Yes, all home care agencies that receive a Medicaid reimbursement rate have a WR&R rate add-on factored into their rate. Fee-for-service agencies can identify their WR&R rate add-on directly on their Fee-for-Service rate sheet. Managed care agencies may contact their Managed Long-Term Care (MLTC) contract or Managed Care Organization (MCO) to inquire about their WR&R rate add-on. If the MLTC/MCO cannot provide the WR&R add-on information, agencies can use the DOH-approved approach detailed below to estimate their WR&R revenue:

1. Assume that the WR&R rate add-on percentage in 2021 was 4.56% of your agency’s Medicaid reimbursement rate.
2. Divide the reimbursement rate (dollar value) by 1.0456. Then, subtract that value from the reimbursement rate (dollar value) to arrive at the WR&R rate add-on dollar value.
3. Multiply the WR&R add-on dollar value by the units of service provided in 2021 to arrive at the total WR&R revenue dollar amount for the year.
4. If your agency provides multiple services (e.g., PC Level I and Nursing Supervision), then you will need to complete these steps for each service type and sum the total WR&R revenue dollar amounts.

Please note that this approach is also detailed on pages 7-8 of the Home Care Cost Report Instructions, along with an example, available under the “Useful Links” section of the Instructions tab in the web-based Tool. It can also be found on the Department’s website under ‘Home Care Cost Report Materials.’

**Q.5.** Is WR&R factored into the reimbursement rate for Managed Long Term Care entities?

**A.5.** Yes, although WR&R is not broken out as a separate rate, MLTC contracts have WR&R factored into their reimbursement rate.

**Q.6.** If I purchased an agency halfway through 2021 but I don't have access to the data from the first half of the year when the agency was under different ownership, how should I complete the 2021 Home Care Cost Report?

**A.6.** The provider that had ownership of the agency for the first half of the year is responsible for submitting a 2021 Home Care Cost Report for the period that they had ownership (e.g., 1/1/21-7/1/21). The new owner is responsible for submitting a 2021 Home Care Cost Report for the period that they gained ownership (7/1/21-12/31/21).