

# STATE OF NEW YORK

1112

2025-2026 Regular Sessions

## IN ASSEMBLY

January 9, 2025

Introduced by M. of A. PAULIN, REYES, WEPRIN, ROSENTHAL, SHRESTHA, DINOWITZ, EPSTEIN, HEVESI, SIMON, STECK, ZINERMAN, GONZALEZ-ROJAS, KELLES, SAYEGH, COLTON, SIMONE, SANTABARBARA, RAGA, STIRPE, BRABENEC, LEVENBERG, BROOK-KRASNY, LUCAS, JONES -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to regional minimum hourly base reimbursement rates for home care aides

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 3614-f of the public health law is amended by  
2 adding eight new subdivisions 5, 6, 7, 8, 9, 10, 11 and 12 to read as  
3 follows:

4 5. (a) By the first of October next succeeding the effective date of  
5 this subdivision, the commissioner shall establish a regional minimum  
6 hourly base reimbursement rate for all providers employing workers  
7 subject to the minimum wage provisions established in subdivision two of  
8 this section. The regional minimum hourly base reimbursement rate  
9 shall be based on regions established by the commissioner, provided that  
10 for areas subject to section thirty-six hundred fourteen-c of this arti-  
11 cle, each area with a different prevailing rate of total compensation,  
12 as defined in that section, shall be its own region.

13 (b) For the purposes of this section, "regional minimum hourly base  
14 reimbursement rate" means a reimbursement rate that reflects:

15 (1) a direct care related payment which shall reflect the total direct  
16 care related costs for home care aides and other direct care related  
17 staff necessary to comply with federal and state statutory and regulato-  
18 ry requirements for such providers, and which shall include:

19 A. base hourly wage guaranteed home care aides pursuant to subdivi-  
20 sion two of this section;

21 B. overtime costs;

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 C. employee benefits, including both paid time off and supplemental  
2 benefits or benefits as determined by collective bargaining agreements;  
3 D. federal insurance contributions act;  
4 E. Medicare;  
5 F. federal unemployment tax act;  
6 G. worker wage parity as provided by section thirty-six hundred four-  
7 teen-c of this article, as applicable;

8 H. other payroll taxes;

9 I. fair labor standards act compliance;

10 J. New York state labor law compliance;

11 K. COVID-19 sick pay;

12 L. state unemployment insurance;

13 M. disability insurance;

14 N. workers' compensation;

15 O. travel time and travel reimbursement;

16 P. the metropolitan transportation authority tax; and

17 Q. related increases tied to base wages;

18 (2) a component to reflect operational expenses necessary to comply  
19 with federal and state statutory and regulatory requirements for such  
20 providers, and which shall include:

21 A. operational supervision and support, including but not limited to  
22 nursing staff, home health aide supervision and team support; and

23 B. other operational support, including but not limited to quality  
24 assurance and improvement programs, education and recruitment; and

25 (3) a component to reflect administrative and general operating  
26 expenses which shall include rent and facilities management and business  
27 support, including but not limited to information technology, human  
28 resources, legal, compliance, finance, management, margin and communi-  
29 cations.

30 (c) The regional minimum hourly base rate cannot be less than the most  
31 current average fee for service county rates for level two personal care  
32 service for each region as posted by the department for personal care  
33 agencies or other providers delivering like services through other Medi-  
34 caid programs.

35 (d) Once a regional minimum hourly base reimbursement rate has  
36 been established under this section, the commissioner shall thereaft-  
37 er annually adjust the regional hourly base reimbursement rate for  
38 each region by a trend factor to reflect and accommodate any additional  
39 labor law increases, changes or mandates.

40 6. For mainstream managed care and fully capitated Medicaid managed  
41 care products for those dually eligible for both Medicaid and Medicare,  
42 the commissioner shall submit any and all necessary applications for  
43 approvals and/or waivers to the federal centers for Medicare and Medi-  
44 caid services to secure approval to establish regional minimum hourly  
45 base reimbursement rates and make state-directed payments through to  
46 providers for the purposes of supporting wage increases.

47 (a) If approved by the federal centers for Medicare and Medicaid  
48 services, directed payments shall be made to such providers of Medi-  
49 caid services through contracts with managed care organizations where  
50 applicable, provided that the commissioner ensures that such directed  
51 payments are in accordance with the terms of this section.

52 (b) If the state directed payment is not approved, the provisions of  
53 subdivision seven of this section shall apply.

54 7. For partially capitated managed long term care plans, or where  
55 state directed payments pursuant to subdivision six of this section have  
56 not been approved, the department shall require plans to justify

1 contracts offering deviations from the regional minimum hourly base  
2 reimbursement rates in a report to the department. This report shall be  
3 sent to the department, with a copy to the provider prior to the final-  
4 izing of any contract, unless otherwise permitted by this section, with-  
5 in five working days of the contract being offered to a provider with  
6 rate deviations. Any report shall include a rationale for paying below  
7 the regional minimum hourly base reimbursement rate, and the impacted  
8 provider shall have the opportunity to respond to the report within  
9 thirty days of filing with the department. The department shall compile  
10 such reports and publish and post a summary of them semi-annually.

11 8. The commissioner shall establish actuarially sound regional  
12 reimbursement rate ranges for Medicaid managed care organizations in  
13 order to comply with this section. These ranges will reflect managed  
14 care adjustments including but not limited to: (a) managed care plan  
15 variations in utilizations from the regional utilization average; (b)  
16 the impact of risk adjustment; and (c) premium withholds. Rate ranges  
17 shall also account for quality incentives, volume, costs associated with  
18 value-based arrangements, and reimbursement for individuals with hard to  
19 serve needs.

20 9. Nothing in this section shall preclude providers employing home  
21 health aides covered under this section or payers from paying or  
22 contracting for services at rates higher than the regional mini-  
23 imum hourly base reimbursement rate if the parties mutually agree to such  
24 terms. Notwithstanding subdivision seven of this section, plans and  
25 providers can also mutually agree to enter into value-based contracts at  
26 a rate less than the regional minimum hourly base reimbursement rate.

27 10. The commissioner shall amend the model managed care contracts to  
28 reflect the requirements of this section. In addition, the commissioner  
29 shall post the managed care, certified and licensed home care services  
30 agencies and fiscal intermediaries cost report data in a simple under-  
31 standable manner on the department's website by the fifteenth of Febru-  
32 ary second succeeding the effective date of this subdivision and annual-  
33 ly thereafter.

34 11. The commissioner shall publish and post regional minimum hourly  
35 base reimbursement rates annually, and shall take all necessary steps  
36 to advise commercial and government programs payers of home care  
37 services of the regional minimum hourly base reimbursement rates.

38 12. To ensure compliance with minimum wage increases, the comptroller  
39 shall have the authority to review the contracts entered into between a  
40 managed care organization and a licensed home care services agency,  
41 fiscal intermediary, or any agency subject to the provisions of this  
42 section to ensure that rates being offered are adequate and meet the  
43 department's actuarial standards. The comptroller, in consultation with  
44 the Medicaid inspector general, shall develop and promulgate a process  
45 to ensure such audits comply with state and federal law to protect  
46 proprietary information and contracts. In the event that the comptroller  
47 finds evidence that managed care organizations are not paying sufficient  
48 adequate rates, they will refer such instances to the department and the  
49 Medicaid fraud control unit for enforcement. If the department or the  
50 Medicaid fraud control unit chooses not to pursue action related to this  
51 referral, it shall inform, in writing, the comptroller's office as to  
52 the reasoning. Such reports, and the department's responses, shall be  
53 public information and made available on the comptroller's website.

54 § 2. Severability. If any provision of this act, or any application of  
55 any provision of this act, is held to be invalid, or to violate or be  
56 inconsistent with any federal law or regulation, that shall not affect

1 the validity or effectiveness of any other provision of this act, or any  
2 other application of any provision of this act which can be given effect  
3 without that provision or application; and to that end, the provisions  
4 and applications of this act are severable.  
5 § 3. This act shall take effect immediately.