State of New York
SFY 2024-25 Supplemental MLTCP Rates

Schedule C - Community

		Partial Capitation PMPM			
Category of Service	**Source**	**NYC Area**	**Mid-Hudson/ Northern Metro**	**Northeast/ Western**	**Rest of State**
Member Months	MLTCP Base	2,602,619	78,334	161,703	75,107
Nursing Facility	MLTCP Base	$53.30	$108.97	$67.85	$101.19
Personal Care	MLTCP Base	$1,823.35	$873.37	$295.19	$172.16
CDPAS	MLTCP Base	$1,831.82	$2,043.23	$1,997.47	$1,659.70
Adult Day Health Care	MLTCP Base	$2.47	$1.96	$4.39	$3.38
Social Day Care	MLTCP Base	$179.69	$40.97	$18.56	$9.28
PERS	MLTCP Base	$6.01	$6.63	$12.32	$12.29
Home Delivered Meals	MLTCP Base	$3.73	$16.53	$27.60	$32.37
Home Health Care	MLTCP Base	$30.03	$33.22	$39.17	$43.53
DME & Supplies	MLTCP Base	$47.42	$43.39	$34.41	$36.49
Outpatient Rehab & Therapy	MLTCP Base	$2.30	$4.58	$0.72	$0.68
Podiatry	MLTCP Base	$1.08	$0.92	$0.23	$0.36
Dental	MLTCP Base	$3.55	$8.03	$6.63	$7.76
Vision	MLTCP Base	$0.71	$0.72	$0.66	$0.89
Other Professional Services	MLTCP Base	$0.63	$1.48	$1.13	$1.34
NEMT	MLTCP Base	$58.57	$87.47	$72.80	$89.65
Subtotal LTSS PMPM	**MLTCP Base**	**$4,044.63**	**$3,271.48**	**$2,579.09**	**$2,171.06**
Provider Incentives	MLTCP Base	0.2%	0.0%	0.1%	0.0%
Impact	Calculation	$9.57	$1.55	$2.27	$0.55
Adjusted LTSS	Calculation	$4,054.20	$3,273.03	$2,581.36	$2,171.61
IBNR Completion Factor	MLTCP Base	0.1%	0.2%	0.1%	0.1%
Impact	Calculation	$4.15	$7.51	$2.87	$2.31
Adjusted LTSS	Calculation	$4,058.36	$3,280.53	$2,584.23	$2,173.92
Non-System Adjustments	MLTCP Base	0.7%	1.6%	4.2%	7.7%
Impact	Calculation	$28.31	$51.56	$108.38	$167.25
Adjusted LTSS	Calculation	$4,086.67	$3,332.10	$2,692.61	$2,341.17
Encounter Completion Adjustment	MLTCP Base	0.9%	1.4%	1.0%	0.7%
Impact	Calculation	$38.15	$48.08	$25.61	$15.47
Adjusted LTSS	Calculation	$4,124.82	$3,380.18	$2,718.23	$2,356.63
Subtotal PMPM with Base Data Adjustments	**Calculation**	**$4,124.82**	**$3,380.18**	**$2,718.23**	**$2,356.63**
FI Admin Carve-Out - CDPAS	Est Benefit Expenses Community	-4.4%	-7.5%	-10.9%	-7.4%
Impact	Calculation	-$183.18	-$253.30	-$295.94	-$174.79
Adjusted LTSS	Calculation	$3,941.64	$3,126.88	$2,422.29	$2,181.84
Minimum Wage - PC/CDPAS/HHC/NEMT	Est Benefit Expenses Community	8.1%	19.2%	20.0%	19.5%
Impact	Calculation	$318.45	$600.51	$484.96	$425.06
Adjusted LTSS	Calculation	$4,260.09	$3,727.39	$2,907.25	$2,606.90
Subtotal PMPM with FI Admin + MW Impact	**Calculation**	**$4,260.09**	**$3,727.39**	**$2,907.25**	**$2,606.90**
NEMT Transportation Carve-Out	Est Benefit Expenses Community	-1.8%	-2.6%	-3.0%	-4.2%
Impact	Calculation	-$75.88	-$96.40	-$85.89	-$108.69
Adjusted LTSS	Calculation	$4,184.21	$3,631.00	$2,821.36	$2,498.21
Nursing Home Benchmark	Est Benefit Expenses Community	0.0%	0.0%	0.0%	0.0%
Impact	Calculation	-$0.79	-$0.76	-$0.57	-$0.64
Adjusted LTSS	Calculation	$4,183.42	$3,630.24	$2,820.79	$2,497.58
Dental Benefit Expansion	Est Benefit Expenses Community	0.0%	0.0%	0.0%	0.0%
Impact	Calculation	$0.71	$1.43	$1.04	$1.19
Adjusted LTSS	Calculation	$4,184.13	$3,631.66	$2,821.83	$2,498.76
DSNP Dental Coverage	Est Benefit Expenses Community	0.0%	-0.1%	0.0%	-0.1%
Impact	Calculation	-$0.85	-$1.82	-$1.32	-$1.51
Adjusted LTSS	Calculation	$4,183.27	$3,629.85	$2,820.50	$2,497.25
SDC Transportation Carve-In	Est Benefit Expenses Community	0.0%	0.0%	0.0%	0.0%
Impact	Calculation	$0.06	$0.36	$0.25	$0.10
Adjusted LTSS	Calculation	$4,183.33	$3,630.21	$2,820.76	$2,497.35
Regional Combined LTSS PMPM	**Calculation**	**$4,183.33**	**$3,630.21**	**$2,820.76**	**$2,497.35**

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