

October Wage Increase FAQs

<u>Question</u>	<u>Answer</u>
Where in law is the language for the home health worker wage increase?	The legislation is part of the enacted NYS Budget FY2023. The minimum wage increase for home health aides is located in Article VII, Part XX of S8006C/A9006C , also referred to as ELFA (Education, Labor, Housing, and Family Assistance) or “The Big Ugly”.
Which workers are impacted by this wage increase?	As defined in Section 3614-C of the Public Health law, "Home care aide" means a home health aide, personal care aide, home attendant, personal assistant performing consumer directed personal assistance services (CDPAS) pursuant to section three hundred sixty-five-f of the social services law, or other licensed or unlicensed person whose primary responsibility includes the provision of in-home assistance with activities of daily living, instrumental activities of daily living or health-related tasks; provided, however, that home care aide does not include any individual working on a casual basis, or (except for a person employed under CDPAP) who is a relative through blood, marriage or adoption of: (1) the employer; or (2) the person for whom the worker is delivering services, under a program funded or administered by federal, state or local government.
Do all home health workers get a wage increase?	No. The person must be employed as a “home health aide” as defined above. If an otherwise eligible worker is already being paid the same as or more than the new minimum wage as of 10/1/22 and 10/1/23, their wage is not impacted by this law.
What is the new wage and when does it take effect?	<p>According to the DOH 2022-23 Exec. Budget Briefing Webinar Q & A:</p> <p>Current minimum: NYC/LI/W'Chester: \$15.00 Rest of State: \$13.20</p> <p>On October 1, 2022, the new home health aide minimum wage will increase. NYC/LI/W'Chester: \$17.00 Rest of State: \$15.20</p> <p>On October 1, 2023, the new home health aide minimum wage is: NYC/LI/W'Chester: \$18.00 Rest of State: \$16.90</p>

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That math seems off.	Yes, we noticed that, too. The Rest of State Rate reflects an assumption that minimum wage for all workers will go up an additional \$.70 on 12/31/22. This wage increase is subject to a projection and decision by the NYS Director of the Division of Budget. The \$.70 amount could be more or less (+/-) on 12/31/22.
How is this wage being funded?	<p>According to DOH’s April 2022 Medicaid Scorecard presentation, the increase is expected to have a state impact as follows:</p> <p>2022-2023: \$362.58 million 2023-24: \$964.91 million</p> <p>Enhanced FMAP funds are anticipated to fully fund the wage increase in FY23 and partially fund it in FY24.</p>
What about the second tranche of enhanced FMAP funds?	It appears that the 2 nd tranche of funds will go toward this wage increase, however until CMS approves DOH’s spending plan and DOH promulgates regulations and guidance, it’s too early to say conclusively what will happen.
What is the mechanism for the funds to reach the caregivers? Is it the same mechanism as with other increases, meaning the funds will be paid to plans separately of their capitation; however, the plans have complete discretion with regard to how these funds are allocated to any providers?	<p>According to the DOH 2022-23 Exec. Budget Briefing Webinar Q & A, DOH will work with CMS and the state actuary to effectuate rate adjustments to account for this minimum wage increase, which for managed care plans will be calculated in an actuarially sound manner and will <i>include guidance on the Department’s expectations regarding how amounts should be paid from plans to providers.</i></p> <p>[Emphasis ours.]</p>
Is this a new minimum wage or a new base wage?	The language in law impacts the state’s minimum wage in labor law as a minimum wage increase. It does not address any other issues in law such as base wage or spread of hours.
Will plans be required to provide contract amendments to providers?	<p>According to the DOH 2022-23 Exec. Budget Briefing Webinar Q & A, DOH will issue guidance on its expectations regarding how reimbursement rates are comprised and how those amounts should move from plans to providers. To date, DOH has not provided any guidance on this and other implementation questions. We are aware that actuary for the state has been asked to provide an updated rate package for the plans.</p>