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State/Territory Name: New York

State Plan Amendment (SPA) #: 18-0042

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Financial Management Group

August 2, 2021

Donna Frescatore
Medicaid Director
NYS Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

Reference: TN 18-0042

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 18-0042. Effective January 1, 2019, this amendment revises reimbursement for nursing facility services. Specifically, it eliminates payment for bed reserve days for hospitalizations for all residents aged over 21 years with the exception of persons on hospice and therapeutic leaves.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This letter is to inform you that Medicaid State Plan Amendment NY-18-0042 is approved effective January 1, 2019. The CMS-179 and the plan pages are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at 617-565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8 — 0 0 4 2</u>	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2019
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION §1902(a) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT Amount in Thousands a. FFY 01/01/19-09/30/19 \$ (5,268) (5,267.94) b. FFY 10/01/19-09/30/20 \$ (7,024) (7,023.92)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-C – Page 1, Page 1.1 Attachment 4.19-D – Page 110(d)(23)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-C – Page 1 Attachment 4.19-D – Page 110(d)(23)
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10. SUBJECT OF AMENDMENT
Elimination of LTC Bed Hold
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

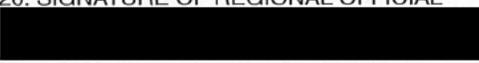
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED DEC 31 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 31, 2018	18. DATE APPROVED 8/2/21
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL  For
21. TYPED NAME Rory Howe	22. TITLE Acting Director, Financial Management Group

23. REMARKS
Pen and ink changes in blocks 7, 8 and 9 per state request.

PAYMENT FOR RESERVED BEDS IN MEDICAL INSTITUTIONS**LIMITATIONS**

A. RESERVED BEDS DURING LEAVES OF ABSENCE (Defined to mean overnight absences including visits with relatives/friends, or leaves to participate in medically acceptable therapeutic or rehabilitative plans of care).

When patient's/resident's plan of care provides for leaves of absence:

General Hospital Patients

Eligibility restricted to patients receiving care in certified psychiatric or rehabilitation units, without consideration of any vacancy rate. A psychiatric patient must be institutionalized for 15 days during a current spell of illness; a rehabilitation patient must be institutionalized for 30 days. Leaves must be for therapeutic reasons only and carry a general limitation of no more than 18 days in any 12 month period, and 2 days per any single absence. Broader special limits are possible when physicians can justify them, subject to prior approval.

Nursing Facility (NF) Patients

A reserved bed day is a day for which a governmental agency pays a residential health care facility to reserve a bed for a person eligible for medical assistance while he or she is temporarily hospitalized or on leave of absence from the facility. All such reserve bed days during leaves of absences [shall] will be pursuant to the residents' plan of care.

All recipients are eligible after 30 days in the facility, subject to a facility vacancy rate, on the first day of the patient's/resident's absence of no more than 5%.

Effective July 1, 2012, for reserved bed days provided on behalf of persons 21 years of age or older:

- (i) payments for reserved bed days related to hospitalization will be made at 50% of the Medicaid rate, and payments for reserved bed days related to non-hospitalization leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person;
- (ii) payment to a facility for reserved bed days provided for such person for hospitalizations and therapeutic leave that is consistent with a plan of care ordered by the patient's treating health care professional for visits to a health care professional that is expected to improve the patients' physical condition or quality of life may not exceed 14 days in any 12-month period; and
- (iii) payment to a facility for reserved bed days for patients on leave for purposes other than hospitalization or eligible therapeutic leave may not exceed 10 days in any 12-month period.
- (iv) Broader special limits are possible when physicians can justify them, subject to prior approval.

The above payment methodology will sunset effective December 31, 2018.

[Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility shall be counted, but not day of readmission.]

TN #18-0042

Approval Date 8/2/21

Supersedes TN #12-0024

Effective Date January 1, 2019

New York
Page 1.1

Effective January 1, 2019, for reserved bed days provided on behalf of persons 21 years of age or older:

(i) payments for reserved bed days for patients on hospice will be made at 50% of the Medicaid rate otherwise payable to the facility for the services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for leaves of absences may not exceed 14 days in any 12 – month period.

(ii) payments for reserved bed days related to therapeutic leaves of absence will be made at 95% of the Medicaid rate otherwise payable to the facility for services provided to such person.

(a) payment to a facility for reserved bed days provided on behalf of such person for therapeutic leaves of absences may not exceed 10 days in any 12-month period.

Reserved bed days provided on behalf of persons younger than 21 years of age will be made at 100% of the Medicaid rate.

In computing reserved bed days, the day of discharge from the residential health care facility will be counted, but not day of readmission.

TN # 18-0042

Approval Date 8/2/21

Supersedes TN NEW

Effective Date January 1, 2019