



DEPARTMENT OF HEALTH & HUMAN SERVICES



RE: DMCH: BPW

Region II
Federal Building
26 Federal Plaza
New York, NY 10278

August 17, 2011

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1466
Albany, New York 12237

Re: New York **SPA #11-53**

Dear Commissioner Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #11-53 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2011. SPA #11-53 eliminates the separate payment rates for nursing services provided to patients diagnosed with Acquired Immune Deficiency Syndrome.

This SPA approval consists of one Attachment 4.19-B Page submitted with the State's June 15, 2011 electronic submission to the CMS SPA Mailbox; namely, Attachment 4.19-B, Page 4(a).

This amendment satisfies all of the statutory requirements at sections 1902(a)(13) and 1902(a)(30) of the Social Security Act and the implementing regulations at 42 C.F.R. 447.250 and 42 C.F.R. 447.272. Enclosed are copies of SPA #11-53 and the HCFA-179 form, as approved. Also enclosed is a letter containing coverage issues identified by CMS staff. In response to the State's request, CMS has agreed to permit the State to address these issues in the context of responding to the SPA #10-38 companion letter issues and welcomes the opportunity to work with you and your staff in resolving these issues.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew or Barbara Waugh of this office. Mr. Jew may be reached at (212) 616-2426 and Ms. Waugh at (212) 616-2366

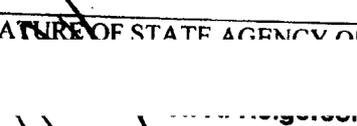
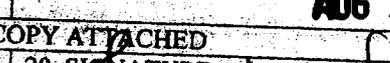
Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosures: SPA #11-53
HCFA-179 Form
Companion letter to SPA#11-53

cc: J. Ulberg
G. Critelli
S. Fuentes
J. Guhl
S. Jew
K. Knuth
D. Mathurin
P. Mossman
M. Schervish
B. Waugh

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #11-53	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/11-09/30/11: (\$1.07 million) b. FFY 10/01/11-09/30/12: (\$1.16 million)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 4(a) ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Page 4(a)	
10. SUBJECT OF AMENDMENT: Eliminate separate payment rates for AIDS nursing services in CHHAs (FMAP = 56.88% 4/1/11-6/30/11; 50% 7/1/11 forward)			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health		15. DATE SUBMITTED: June 15, 2011	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: AUG 17 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL ADMINISTRATOR: 	
21. TYPED NAME: Michael Melendez		22. TITLE: Regional Administrator Division of Medicaid and State Operations	
23. REMARKS: Eliminate Separate Payment Rates for Acquired Immune Deficiency Syndrome (AIDS) Nursing Services in Certified Home Health Agencies (CHHA)			

OFFICIAL

**New York
4(a)**

**Attachment 4.19-B
(04/11)**

For the rate periods on and after January 1, 2005 through December 31, 2006, and April 1, 2007 through March 31, 2009, there shall be no such reconciliation of the amount of savings in excess of or lower than one million five hundred thousand dollars.

In addition, separate payment rates for nursing services provided to patients diagnosed with Acquired Immune Deficiency Syndrome (AIDS) shall be established based upon regional services prices. Such prices shall be computed based upon average nursing costs per visit calculated by aggregating base year allowable costs and statistics reported by certified home health agencies within each of four state regions, and increased by a case mix adjustment factor which represents the relative ratio of additional resources needed to provide home care nursing services to AIDS patients when compared to the average case mix of home care patients. Such AIDS regional nursing prices will be trended annually.

Effective for services provided on and after April 1, 2011, separate payment rates will no longer be established for nursing services provided to patients diagnosed with AIDS; the rate for nursing services provided to patients diagnosed with AIDS will be the prospective certified home health agency rate for nursing services established for the effective period.

The Commissioner shall adjust medical assistance rates of payment for services provided by AIDS home care programs for purposes of improving recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility in the following amounts for services provided on and after December first, two thousand two.

Rates of payment by governmental agencies for AIDS home care programs (including services provided through contracts with licensed home care services agencies) shall be increased by three percent.

Providers which have their rates adjusted for this purpose shall use such funds solely for the recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility. Providers are prohibited from using such funds for any other purpose.

The Commissioner is authorized to audit each provider to ensure compliance with this purpose and shall recoup any funds determined to have been used for purposes other than recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility.

In the case of services provided by providers through contracts with licensed home care services agencies, rate increases received by providers shall be reflected in either the fees paid or benefits or other supports provided to non-supervisory home care services workers or any worker with direct patient care responsibility of such contracted licensed home care services agencies and such fees, benefits or other supports shall be proportionate to the contracted

TN #11-53

Approval Date AUG 17 2011

Supersedes TN #07-06

Effective Date APR 01 2011