

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services (CMCS)

Jason A. Helgeson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Corning Tower (OCP - 1211)
Albany, NY 12237

JUN 21 2012

RE: TN 11-23-A

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-23-A. Effective January 1, 2012, this SPA will establish a new payment methodology for nursing facility (NF) services furnished by non-specialty NFs. The new system will better align Medicaid payments with the cost of NF care provided to meet the needs Medicaid residents.

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 regulations at 42 CFR 447 Subpart C. New York State plan amendment 11-23-A is approved effective January 1, 2012. We have enclosed the HCFA-179 and the approved plan pages.

If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Cindy Mann
Director, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #11-23-A	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 January 1, 2012	
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 01/1/12-9/30/12 \$0 b. FFY 10/1/12-9/30/13 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Pages 504(1), 110(d)(3), 110(d)(4), 110(d)(5), 110(d)(6), 110(d)(7), 110(d)(8), 110(d)(9), 110(d)(10), 110(d)(11), 110(d)(12), 110(d)(13), 110(d)(14), 110(d)(15), 110(d)(16), 110(d)(17), 110(d)(18), 110(d)(19), 110(d)(20), 110(d)(21), 110(d)(22)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Revisions to Transition to Statewide Pricing Methodology for NHs (FMAP = 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			
13. TYPED NAME: Jason Helgeson		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, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: JUN 21 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN - 1 2012		20. SIGNATURE OFFICIAL:	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, CMCS	
23. REMARKS: Pen & ink change made to block # 8			

New York

50(g)(1)

50ch(1)

Attachment 4.19-D
(01/12)

Effective January 1, 2012, the non-capital component of the rate for specialty facilities shall be the rates in effect for such facilities on January 1, 2009, as adjusted for inflation and rate appeals in accordance with Attachment 4.19-D. Such rates of payment in effect January 1, 2009, for AIDS facilities or discrete AIDS units within facilities shall be reduced by the AIDS occupancy factor.

- 1) For new specialty facilities without a January 1, 2009, rate but with a rate prior to April 1, 2009, the operating portion of the January 1, 2012, rate will be the rate in effect on the date of opening.
- 2) For new specialty facilities without a January 1, 2009, rate that open between April 1, 2009, and July 7, 2011, the operating portion of January 1, 2012, rate will be the rate in effect July 7, 2011.
- 3) For new specialty facilities without a January 1, 2009, rate that open subsequent to July 7, 2011, the operating portion of the January 1, 2012, rate will be calculated as follows:
 - i) The initial rate will be calculated using budgeted costs prepared by the facility and approved by the Department and will become effective on the date of opening.
 - ii) The facility will file a cost report for the first twelve-month period that the specialty unit or specialty facility, as applicable, achieves 90% occupancy. The rate will become effective the first day of the twelve-month report. A facility that does not achieve 90% or greater occupancy for any year within five calendar years from the date of commencing operation shall be recalculated using the facility's most recently available reported allowable costs divided by patient days imputed at 90% occupancy. The recalculated rates of payment are required to be effective January first of the sixth calendar year following the date the facility commenced operations.
- 4) There will be no case mix adjustments to specialty rates.

TN #11-23-A

Supersedes TN NEW

Approval Date

Effective Date

JUN 21 2012

JAN - 1 2012