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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0071A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services New York Regional Office 26 Federal Plaza, Room 37-100 New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JH

August 26, 2015

Jason Helgerson
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP 1211)
Empire State Plaza
Albany, New York 12237

Dear Commissioner Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #13-0071A has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2014. This State Plan Amendment provides a temporary rate adjustment under New York's VAP program to Medicaid fee for service rates for certain Certified Home Health Agencies. Enclosed are copies of SPA #13-0071A and the HCFA-179 form, as approved.

If you have any questions or wish to discuss this SPA further, please contact Shing Jew at (212) 616-2426 or Joanne Hounsell at (212) 616-2446.

Sincerely,

/s/

Ricardo Holligan Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form State Plan Page

cc:

J. Ulberg

K. Knuth

R. Gallagher

M. Ryan

M. Melendez

R. Weaver

S. Jew

J. Hounsell

M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF	I. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	13-0071A	
		New York
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MED	CAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	January 1, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS		AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENU	MENT (Separate Transmittal for each a	nendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/14-09/30/14 \$ 94.96	
§ 1902(a) of the Social Security Act, and 42 CFR 447		
O DACE MINADED OF THE BY AN OR STREET	b. FFY 10/01/14-09/30/15 \$126.6	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN	
Attachment 4.19-B: Page 4(9)	SECTION OR ATTACHMENT (If Ap	plicable):
Attachment 4.19-b: rage 4(9)	Attackment 4 to D. D. D	'
	Attachment 4.19-B: Page 4(9)	
10. SUBJECT OF AMENDMENT:		
Safety Net/VAP - CHHA - Phase 2 (Jefferson County)		
(FMAP = 50%)		
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER. AS SPEC	TEIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		an ibb.
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
MONTH TONE OF STATE ACTION OF STATE	LIC DETUDY TO	
12 SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: New York State Department of Health Division of Finance and Rate Setting	
13. TYPED NAME: Jason A. Helgerson	99 Washington Ave – One Commerce	Piaza
14 TITLE: Medicaid Director	Suite 1460 Albany, NY 12210	
Department of Health		
12 INATE CURLATTEETS.		
FEB (ZUM	<u> </u>	
FOR REGIONAL OFFI	CE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: August 26, 2015	
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 01, 2014	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME Ricardo Holligan	22. TITLE: Division of Medicaid & Children's Hea	Ith Operations
23. REMARKS:	1-1-1-1011 of Frederica & Children's Flea	in Operations

New York 4(9)

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Certified Home Health Agencies (CHHAs)

A temporary rate adjustment will be provided to eligible CHHA providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible CHHA providers, the annual amount of the temporary rate adjustment, and the duration of the adjustment shall be listed in the table which follows. The total annual adjustment amount will be paid quarterly with the amount of each quarterly payment being equal to one fourth of the total annual amount established for each provider. The quarterly payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

Certified Home Health Agencies:

Gross Medicaid Rate Adjustment	Rate Period Effective
\$168,006	01/01/2014 - 03/31/2014
\$672,020	04/01/2014 - 03/31/2015
\$672,020	04/01/2015 - 06/30/2015
<u>\$63,306</u>	01/01/2014 - 03/31/2014
\$253,222	04/01/2014 - 03/31/2015
\$253,222	04/01/2015 - 03/31/2016
<u>\$189,916</u>	04/01/2016 - 12/31/2016
	\$168,006 \$672,020 \$672,020 \$672,020 \$53,306 \$253,222 \$253,222

TN <u>#13-0071A</u>	Approval Date _	August 26, 2015
Supersedes TN #13-0071	Effective Date _	January 01, 2014