



SEP 12 2013

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

RE: TN 13-36

Dear Mr. Helgeson:

We have reviewed the proposed amendment to Attachment 4.19 D of your Medicaid State plan submitted under transmittal number (TN) 13-36. Effective April 1, 2013, this amendment will discontinue a rate add-on for financially distressed facilities. The State intends to continue this funding through its safety net provider payment program.


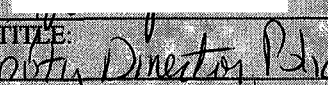
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. This is to inform you that New York State plan amendment 13-36 is approved effective April 1, 2013. We have enclosed the HCFA-179 and the approved plan page.

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

Sincerely,

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-36	2. STATE New York
		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, 2013	
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 of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/13-09/30/13 (\$ 7,500,000) b. FFY 10/01/13-09/30/14 (\$15,000,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Page 47(aa)(2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D: Page 47(aa)(2)	
10. SUBJECT OF AMENDMENT: Reallocate \$30M from NH FD to VAP/Safety Net (FMAP = 50%)			
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 Bureau of HCRA Operations & Financial Analysis 99 Washington Ave - One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: SEP 03 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 12 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Financial Affairs	
23. REMARKS:			

**New York
47(aa)(2)**

- (f) The amount of any facility's financially disadvantaged RHCF distribution calculated in accordance with this section shall be reduced by the facility's rate year benefit of the 2001 update to the regional input price adjustment factors provided that such reduction shall not be applied with regard to rate periods on and after April 1, 2009. After all other adjustments to a facility's financially disadvantaged RHCF distribution have been made in accordance with this section, the amount of each facility's distribution shall be limited to no more than \$400,000 during the period October 1, 2004 through December 31, 2004, and on an annualized basis, for rate periods through March 31, 2009, and no more than one million dollars for the period April 1, 2009 through December 31, 2009, and for each annual rate period thereafter.
- (g) The adjustment made to each qualifying facility's Medicaid rate of payment determined pursuant to the section shall be calculated by dividing the facility's financially disadvantaged RHCF distribution calculated in accordance with this section by the facility's total Medicaid patient days reported in the cost report submitted two years prior to the rate year, provided however, that such rate adjustments for the period October 1, 2004 through December 31, 2004, shall be calculated based on 25% of each facility's reported total Medicaid patient days as reported in the applicable 2002 cost report. Such amounts will not be reconciled to reflect changes in medical assistance utilization between the year two years prior to the rate year and the rate year.
- (h) The total amount of funds to be allocated and distributed as medical assistance for financially disadvantaged RHCF rate adjustments to eligible facilities for a rate period in accordance with this section shall be \$30 million on and after January 1, 2009 through March 31, 2013.

SEP 12 2013

TN #13-36

Approval Date _____

Supersedes TN #09-29Effective Date APR 01 2013