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State/Territory Name: New York

State Plan Amendment (SPA) #: 16-0018

This file contains the following documents in the order listed:

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

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



Financial Management Group

NOV 07 2016

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

RE: State Plan Amendment (SPA) TN 16-0018

Dear Mr. Helgersen:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 16-0018. Effective April 1, 2016 this amendment eliminates the New York nursing facility (NF) per diem rate allowance for transportation costs paid to medical providers. Instead, the state will pay for these transportation costs through direct vendor payments under the transportation benefit.

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 Part 447. This letter is to inform you that New York 16-0018 is approved effective April 1, 2016. The CMS-179 and approved plan pages are enclosed.

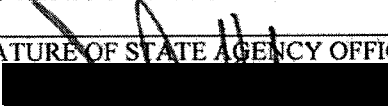

If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 16-0018	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 4/1/2016	
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: NYCRR 86-2.10		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 04/01/16-09/30/16 \$(3,000.00) b. FFY 10/01/16-09/30/17 \$(6,000.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D – Pages: 110(d)(6); 110(d)(7); 110(d)(8)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D – Pages: 110(d)(6); 110(d)(7); 110(d)(8)	
10. SUBJECT OF AMENDMENT: Elimination of NH Transportation Costs (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 Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 30 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: NOV 07 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
23. REMARKS:			

**New York
110(d)(6)**

Direct Component of the Price Medicare Ineligible Price, Medicare Part D Eligible Price (NSHB/NS300+ Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NSHB/NS300+ Price (c)	50% of Direct NSHB/NS300 + Price (d)	Total Direct Component of Price for NSHB/NS300+ Peer Group (b)+(d)
January 1, 2012	\$105.79	\$52.90	\$117.48	\$58.74	\$111.64
January 1, 2013	\$111.82	\$55.91	\$124.17	\$62.09	\$118.00
January 1, 2014	\$116.58	\$58.29	\$129.46	\$64.73	\$123.02
January 1, 2015	\$117.94	\$58.97	\$130.97	\$65.49	\$124.46
January 1, 2016	\$118.48	\$59.24	\$131.57	\$65.79	\$125.03
<u>April 1, 2016</u>	<u>\$117.92</u>	<u>\$58.96</u>	<u>\$131.01</u>	<u>\$65.51</u>	<u>\$124.47</u>
January 1, 2017	\$119.02	\$59.51	\$132.17	\$66.09	\$125.60
Direct Component of the Price Medicare Part B Eligible Price, Medicare Part B and Part D Eligible Price (NSHB/NS300 + Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NSHB/NS300+ Price (c)	50% of Direct NSHB/NS300 + Price (d)	Total Direct Component of Price for NSHB/NS300+ Peer Group (b)+(d)
January 1, 2012	\$104.34	\$52.17	\$115.94	\$57.97	\$110.14
January 1, 2013	\$110.28	\$55.14	\$122.54	\$61.27	\$116.41
January 1, 2014	\$114.98	\$57.49	\$127.76	\$63.88	\$121.37
January 1, 2015	\$116.33	\$58.17	\$129.25	\$64.63	\$122.79
January 1, 2016	\$116.86	\$58.43	\$129.84	\$64.92	\$123.35
<u>April 1, 2016</u>	<u>\$116.30</u>	<u>\$58.15</u>	<u>\$129.28</u>	<u>\$64.64</u>	<u>\$122.79</u>
January 1, 2017	\$117.39	\$58.70	\$130.43	\$65.22	\$123.91

TN #16-0018Approval Date NOV 07 2016Supersedes TN #11-0023-AEffective Date APR 01 2016

**New York
110(d)(7)**

Direct Component of the Price Medicare Ineligible Price, Medicare Part D Eligible Price (NS300- Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NS300-Price (c)	50% of Direct NS300-Price (d)	Total Direct Component of Price for NS300- Peer Group (b)+(d)
January 1, 2012	\$105.79	\$52.90	\$99.30	\$49.65	\$102.55
January 1, 2013	\$111.82	\$55.91	\$104.95	\$52.48	\$108.39
January 1, 2014	\$116.58	\$58.29	\$109.43	\$54.72	\$113.01
January 1, 2015	\$117.94	\$58.97	\$110.70	\$55.35	\$114.32
January 1, 2016	\$118.48	\$59.24	\$111.21	\$55.61	\$114.85
<u>April 1, 2016</u>	<u>\$118.04</u>	<u>\$59.02</u>	<u>\$110.77</u>	<u>\$55.39</u>	<u>\$114.41</u>
January 1, 2017	\$119.02	\$59.51	\$111.71	\$55.86	\$115.37
Direct Component of the Price Medicare Part B Eligible Price, Medicare Part B and Part D Eligible Price (NS300- Peer Group)					
Effective Date of Prices	Direct NSF Price (a)	50% of Direct NSF Price (b)	Direct NS300-Price (c)	50% of Direct NS300-Price (d)	Total Direct Component of Price for NS300- Peer Group (b)+(d)
January 1, 2012	\$104.34	\$52.17	\$97.90	\$48.95	\$101.12
January 1, 2013	\$110.28	\$55.14	\$103.47	\$51.74	\$106.88
January 1, 2014	\$114.98	\$57.49	\$107.88	\$53.94	\$111.43
January 1, 2015	\$116.33	\$58.17	\$109.14	\$54.57	\$112.74
January 1, 2016	\$116.86	\$58.43	\$109.64	\$54.82	\$113.25
<u>April 1, 2016</u>	<u>\$116.42</u>	<u>\$58.21</u>	<u>\$109.20</u>	<u>\$54.60</u>	<u>\$112.81</u>
January 1, 2017	\$117.39	\$58.70	\$110.14	\$55.07	\$113.77

As used in this subdivision, Medicare Ineligible Price shall mean the price applicable to Medicaid patients that are not Medicare eligible, Medicare Part B Eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part B eligible, Medicare Part D Eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part D eligible, and Medicare Part B and Part D eligible Price shall mean the price applicable to Medicaid patients that are Medicare Part B and Part D eligible.

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Approval Date NOV 07 2016

Supersedes TN #11-0023-A

Effective Date APR 01 2016

**New York
110(d)(8)**

4) The allowable costs percent reduction for the direct component shall be as follows:

Effective Date	Allowable Cost Percent Reduction
January 1, 2012	19.545660%
January 1, 2013	14.963800%
January 1, 2014	11.339480%
January 1, 2015	10.305120%
January 1, 2016	9.893250%
January 1, 2017	9.485290%

e) Allowable costs for the direct price component shall be the costs reported in the following functional cost centers on the facility's 2007 cost report (RHCF-4), or extracted from a hospital-based facility's 2007 cost report (RHCF-2) and the institutional cost report of its related hospital, as extracted by the Commissioner on December 21, 2010, or from the most recent cost report available on that day, after first deducting costs attributable to specialty units and the hospital and capital costs.

- 1) For the purposes of calculating the Medicare Ineligible Price and the Medicare Part D Eligible Price the costs identified shall be reduced by the costs of prescription drugs as reported on the facility's 2007 cost report.
- 2) For the purposes of calculating the Medicare Part B Eligible Price and the Medicare Part B Eligible Price and Medicare Part D Eligible Price the costs identified shall be reduced by the costs of prescription drugs as reported on the facility's 2007 cost report and the revenue offsets associated with Medicare Part B Eligible Patients as reported by Medicare.
 - i) Nursing administration (013);
 - ii) Activities (014);
 - iii) Social services (021);
 - iv) Transportation (022); - non-medical transportation only effective April 1, 2016
 - v) Physical therapy (039) (including associated overhead);
 - vi) Occupational therapy (040) (including associated overhead);
 - vii) Speech/hearing therapy (041) (including associated overhead);
 - viii) Central service supply (043);
 - ix) Residential health care facility (051); and
 - x) Pharmacy (042) (excluding the costs allocated to non comparables).

TN #16-0018

Approval Date NOV 07 2016

Supersedes TN #11-0023-A

Effective Date APR 01 2016