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**State/Territory Name:**                      **New York**

**State Plan Amendment (SPA) #:**      **18-0044**

This file contains the following documents in the order listed:

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

9EPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

Ms. Donna Frescatore  
State Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health  
One Commerce Plaza, Suite 1211  
Albany, NY 12210

**JUL 24 2018**

RE: State Plan Amendment (SPA) TN 18-0044

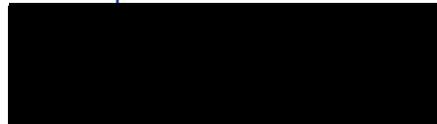
Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 18-0044. Effective April 1, 2018, this amendment updates the direct price peer group limit used in setting nursing facility (NF) per-diem rates. Previously approved TN 16-0018 removed transportation costs from the definition of allowable cost for NH reimbursement purposes; yet other sections of the state plan appeared to suggest that transportation costs would still be reimbursed through the per-diem rates. This amendment removes that ambiguity by making the necessary conforming changes to those other sections.

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 18-0044 is approved effective April 1, 2018. The CMS-179 and approved plan pages are enclosed.

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

Sincerely,



Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 18-0044	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, 2018	
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 04/01/18-09/30/18      0.00 b. FFY 10/01/18-09/30/19      0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D – Pages: 110(d)(6); 110(d)(7)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D – Pages: 110(d)(6); 110(d)(7)	
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: [Redacted]		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: Donna Frescatore		17. DATE RECEIVED:      18. DATE APPROVED: JUL 24 2018	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 27 2018			
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVAL: APR 01 2018		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMC	
23. REMARKS:			

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

<b>Direct Component of the Price Medicare Ineligible Price, Medicare Part D Eligible Price (NSHB/NS300+ Peer Group)</b>					
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
April 1, 2016	\$117.92	\$58.96	\$131.01	\$65.51	\$124.47
January 1, 2017	\$119.02	\$59.51	\$132.17	\$66.09	\$125.60
April 1, 2018	\$118.80	\$59.40	\$131.95	\$65.98	\$125.38
<b>Direct Component of the Price Medicare Part B Eligible Price, Medicare Part B and Part D Eligible Price (NSHB/NS300 + Peer Group)</b>					
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
April 1, 2016	\$116.30	\$58.15	\$129.28	\$64.64	\$122.79
January 1, 2017	\$117.39	\$58.70	\$130.43	\$65.22	\$123.91
April 1, 2018	\$117.17	\$58.59	\$130.21	\$65.11	\$123.69

JUL 24 2018

TN #18-0044

Approval Date \_\_\_\_\_

Supersedes TN #16-0018

Effective Date APR 01 2018

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

<b>Direct Component of the Price Medicare Ineligible Price, Medicare Part D Eligible Price (NS300- Peer Group)</b>					
<b>Effective Date of Prices</b>	<b>Direct NSF Price (a)</b>	<b>50% of Direct NSF Price (b)</b>	<b>Direct NS300-Price (c)</b>	<b>50% of Direct NS300-Price (d)</b>	<b>Total Direct Component of Price for NS300- Peer Group (b)+(d)</b>
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
April 1, 2016	\$118.04	\$59.02	\$110.77	\$55.39	\$114.41
January 1, 2017	\$119.02	\$59.51	\$111.71	\$55.86	\$115.37
April 1, 2018	\$118.93	\$59.46	\$111.62	\$55.81	\$115.27
<b>Direct Component of the Price Medicare Part B Eligible Price, Medicare Part B and Part D Eligible Price (NS300- Peer Group)</b>					
<b>Effective Date of Prices</b>	<b>Direct NSF Price (a)</b>	<b>50% of Direct NSF Price (b)</b>	<b>Direct NS300-Price (c)</b>	<b>50% of Direct NS300-Price (d)</b>	<b>Total Direct Component of Price for NS300- Peer Group (b)+(d)</b>
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
April 1, 2016	\$116.42	\$58.21	\$109.20	\$54.60	\$112.81
January 1, 2017	\$117.39	\$58.70	\$110.14	\$55.07	\$113.77
April 1, 2018	\$117.28	\$58.64	\$110.04	\$55.02	\$113.66

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.

TN     #18-0044    

Approval Date     JUL 24 2018    

Supersedes TN     #16-0018    

Effective Date     APR 01 2018