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State/Territory Name: **New York**

State Plan Amendment (SPA) #: **18-0045**

This file contains the following documents in the order listed:

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: BP:SPA-NY-18-0045-Approval

September 12. 2018

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

Dear Ms. Frescatore:

This letter is to notify you that New York State Plan Amendment (SPA) #18-0045 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2018. This SPA provides increases to hospice residence provider reimbursement rates.

Enclosed are copies of the Plan Page for SPA #18-0045 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Betsy Pinho at 518.396.3810 or e-mail at Betsy.Pinho@cms.hhs.gov.

Sincerely,

Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Page

cc: R. Deyette
P. LaVenia
M. Levesque
J. Yungandreas
R. Weaver
R. Holligan
N. McKnight
M. Tabakov
B. Pinho
M. Lopez

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: HEALTH CARE FINANCING ADMINISTRATION**	1. TRANSMITTAL NUMBER: **18-0045** 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, 2018**

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: **Section 1905(r)(5) of the Social Security Act and 42 CFR 447**	7. FEDERAL BUDGET IMPACT: **(in thousands)** **a. FFY 04/01/18-09/30/18 $78.50** **b. FFY 10/01/18-09/30/19 $157.00**
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: **Attachment 4.19-B – Page 6(b)(2)** -	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

10. SUBJECT OF AMENDMENT:
Minimum Wage – Hospice Additional funding
(FMAP = 50%)

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: **New York State Department of Health** **Division of Finance & Rate Setting** **99 Washington Ave – One Commerce Plaza** **Suite 1432** **Albany, NY 12210**
13. TYPED NAME: **Donna Frescatore**	
14. TITLE: **Medicaid Director** **Department of Health**	
15. DATE SUBMITTED: JUN 22 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: **09/12/2018**
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: **04/01/2018**	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: **MICHAEL MELENDEZ**	22. TITLE: **Associate Regional Administrator** **Division of Medicaid & Children's Health**

23. REMARKS:

New York
6(b)(2)

Hospice Non-Residence:

The Hospice Non-Residence Provider rate is the Federal minimum rates issued by CMS.

Hospice Residence:

On March 31, 2018, a 10% increase in the Hospice residence reimbursement rate of each Wage Equalization Factor (WEF) region will be calculated. The per diem value of this 10% increase will be incorporated into all subsequent fiscal periods, effective April 1, 2018, and every January 1 thereafter.

Effective April 1, 2018, and every January 1 thereafter, Hospice residence reimbursement rates will be equal to 94% of the weighted average Medicaid rate of the nursing facilities located in the WEF region in which the hospice residence is located, plus the per diem value of the 10% increase calculated in the above paragraph.

Hospice rates can be found on the Department of Health website at:

http://www.health.ny.gov/facilities/long_term_care/reimbursement/hospice/