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

**State Plan Amendment (SPA) #:**      **18-0049**

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



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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

September 4, 2018

RE: State Plan Amendment (SPA) TN 18-0049

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 18-0049. Effective May 17, 2018, this amendment proposes a 2% penalty on nursing facility rates based on the facility's Quality Incentive Performance rating. Financially distressed nursing facilities will be excluded from the penalty.

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 18-0049 is approved effective May 17, 2018. The CMS-179 and approved plan page 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>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 18-0049	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 May 17, 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: §1902(r)(5) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 05/17/18-09/30/18 \$ (7,670.00) b. FFY 10/01/18-09/30/19 \$ (7,670.00)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-D Page: Part I :110(d)(6), 110(d)(7), 110(d)(26.1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-D Page: Part I:110(d)(6), 110(d)(7), 110(d)(26.1)	
10. SUBJECT OF AMENDMENT: 2% Penalty on Poor Performing Nursing Homes / NH Transportation Technical Correction (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 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			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 04 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: MAY 17 2018		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Kristin Fan		22. TITLE: Director, FMCA	
23. REMARKS:			



**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
May 17, 2018	\$118.94	\$59.47	\$111.63	\$55.62	\$115.29
<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
May 17, 2018	\$117.31	\$58.66	\$110.06	\$55.03	\$113.68

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     #18-0049    

Approval Date     SEP 04 2018      
    MAY 17 2018    

Supersedes TN     #18-0044    

Effective Date

