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State/Territory Name: New York

State Plan Amendment (SPA)# 19-0006

The file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, New York 10278



Regional Operations Group

ROG: VH: SPA NY-19-0006 Approval

May 29, 2019

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #19-0006 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2019. This SPA approves a rate enhancement for Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State.

Enclosed are copies of the Plan Pages for SPA #19-0006 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Vijai Hiralall at 212.616.2206 or e-mail at Vijai.Hiralall@cms.hhs.gov.

Sincerely,

[Redacted Signature]
Nicole McKnight
Acting Deputy Director
Regional Operations Group

Enclosures: HCFA-179 Form
State Plan Pages

cc: M. Ogborn
R. Deyette
P. LaVenja
R. Weaver
N. McKnight
R. Holligan
M. Tabakov
V. Hiralall
M. Lopez

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 9 — 0 0 0 6

2. STATE

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2019

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

§1905(r)(5) of the Social Security Act and 42 CFR 447

7. FEDERAL BUDGET IMPACT

a. FFY 01/01/19-09/30/19 \$ 601.00

b. FFY 10/01/19-09/30/20 \$ 801.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment: 4.19(B) Page 6(a)(7)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

Attachment: None

10. SUBJECT OF AMENDMENT

Rural County Provider Funding
(FMAP=50%)

11. GOVERNOR'S REVIEW (*Check One*)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

MAR 29 2019

16. RETURN TO

New York State Department of Health
Division of Finance and Rate Setting
99 Washington Ave – One Commerce Plaza
Suite 1432
Albany, NY 12210

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

MAY 29, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

JANUARY 01, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

NICOLE MCKNIGHT

22. TITLE **ACTING DEPUTY DIRECTOR
REGIONAL OPERATIONS GROUP**

23. REMARKS

New York
6(a)(7)

Effective April 1, 2018 Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will be eligible for a rate adjustment to address losses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services.

The FAR areas are determined by the US Department of Agriculture Economic Research Service and are based on zip codes and use population and urban-rural data from the 2010 U.S. Census.

Eligibility

Eligibility is based on the provider experiencing a combined loss in the Medicaid Personal Care Level II, Nursing Supervision and Nursing Assessment services as identified using the most recent complete calendar year cost reports for providers in the FAR regions.

Methodology

- The State identified \$3M to support this rural initiative for both Personal Care services through the State Plan and the NHTD and TBI Waiver services.
- Distribution of the \$3M between the Personal Care services and the NHTD and TBI Waiver services will be based on a demonstration of overall losses between the service areas.
- For Personal Care services, a difference will be calculated between actual cost and current rates paid for the sum of Level II, Nursing Assessment and Nursing Supervisor using the Cost Report data:
 - Each provider's loss is divided by the sum of all eligible losses to establish a percentage of loss for each provide.
 - This percentage of loss is used to allocate up to \$3M to qualifying FAR Personal Care providers.
 - The allocation of funds is divided by the sum of Level II hours, Nursing Supervision visits, and Nursing Assessment visits, by providers in the FAR region using the most recent completed calendar year cost report to establish a rate add-on for the provider. This add-on is added to the current rates of Level II, Nursing Assessment and Nursing Supervision.

TN #19-0006

Supersedes TN New

Approval Date 05/29/2019

Effective Date 01/01/2019