Table of Contents

State/Territory Name: NY

State Plan Amendment (SPA) #: 19-0034

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

January 25, 2022

Donna Frescatore
Medicaid Director
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210

RE: TN 19-0034

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 19-0034, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 28, 2019. New York State Department of Health which updates the reimbursement methodology for Consumer Directed Personal Assistance Program (CDPAP).

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>19 0034</th>
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<tbody>
<tr>
<td>2. STATE</td>
<td>New York</td>
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3. PROGRAM IDENTIFICATION: 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 | April 1, 2019  April 1, 2021 |

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 365-f of the Social Security Act

7. FEDERAL BUDGET IMPACT

- [ ] FFY 04/01/19 - 09/30/19 21 $(7,175,000) -7,175,000
- [ ] FFY 10/01/19 - 09/30/20 22 $(14,350,000) -14,350,000

<table>
<thead>
<tr>
<th>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment: 4.18-B: Page 8(a)(1)(i)</td>
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</table>

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

**10. SUBJECT OF AMENDMENT**

CDPAP

(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

[Redacted]

13. TYPED NAME

Donna Frescatore

14. TITLE

Medicaid Director, Department of Health

15. DATE SUBMITTED

June 28, 2019

<table>
<thead>
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<th>16. RETURN TO</th>
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<tbody>
<tr>
<td>New York State Department of Health</td>
</tr>
<tr>
<td>Division of Finance and Rate Setting</td>
</tr>
<tr>
<td>99 Washington Ave – One Commerce Plaza</td>
</tr>
<tr>
<td>Suite 1432</td>
</tr>
<tr>
<td>Albany, NY 12210</td>
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17. DATE RECEIVED

June 28, 2019

18. DATE APPROVED

January 25, 2022

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted]

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

12/1/21

Instructions on Back
1905(a) 24 Personal Care Services

**Consumer Directed Personal Assistance Program (CDPAP) Fiscal Intermediary Reimbursement**

Effective on or after April 1, 2021, the Fiscal Intermediary reimbursement methodology for the Consumer Directed Personal Assistance Program (CDPAP) will be based on a tiered per member per month approach. CDPAP reimbursement will include two distinct rates:

1) The services rates will be calculated consistent with existing methodology (as defined in Attachment 4.19-B, Page 6(a)(1)).
2) Under the CDPAP program, the Fiscal Intermediary provides the administrative services for the consumers.
3) The services rates require prior authorization.
4) The Fiscal Intermediary rates will be supported through a tiered reimbursement methodology based on the hours authorized for the services rate. The tiers shall be as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Direct Care Hours Authorized Per Month</th>
<th>Monthly Rate per Consumer</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>1-159</td>
<td>$145</td>
</tr>
<tr>
<td>Tier 2</td>
<td>160-479</td>
<td>$384</td>
</tr>
<tr>
<td>Tier 3</td>
<td>480+</td>
<td>$1,036</td>
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**TN** #19-0034  
**Approval Date** January 25, 2022  
**Supersedes TN** NEW  
**Effective Date** April 1, 2021