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State/Territory Name: New York

State Plan Amendment (SPA) #: 20-0061

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

March 30, 2021

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

RE: TN 20-0061

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 20-0061, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2020. New York State Department of Health submitted this SPA to clarify the existing methodology for distribution of the rural enhancement for personal care services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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

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

1. TRANSMITTAL NUMBER 2 0 0 0 6 1
2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
   TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE July 1, 2020

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
   §1902(a)(4)(5) of the Social Security Act, and 42 CFR 447
7. FEDERAL BUDGET IMPACT
   a. FFY 07/01/20 - 09/30/20 $ 0.00
   b. FFY 10/01/20 - 09/30/21 $ 0.00

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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: 4.19-B: Page 6(a)(7)

10. SUBJECT OF AMENDMENT
    Personal Care Rural Clarification (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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME Donna Frescatore

14. TITLE Medicaid Director, Department of Health

15. DATE SUBMITTED September 29, 2020

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

17. DATE RECEIVED September 29, 2020
18. DATE APPROVED 3/30/2021

FOR REGIONAL OFFICE USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020
20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME Todd McMillion
22. TITLE Director, Division of Reimbursement Review

23. REMARKS
   ** Pen and Ink change requested by the State, Block 6
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 loses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services. Effectively July 1, 2020, and annually beginning January 1, 2021, the rate adjustment shall be a supplemental payment.

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] the latest available 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 provider.
  - This percentage of loss is used to allocate up to $3M, as a rate add-on through June 30, 2020, and as a supplemental payment, beginning in July 1, 2020 to qualifying FAR Personal Care providers, not to exceed the value of the provider’s loss.
  - 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.]

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