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State/Territory Name: New York

State Plan Amendment (SPA) #: 22-0006

This file contains the following documents in the order listed:

1) Approval Letter
2) 179
3) Approved SPA Pages

TN: NY-22-0006 Approval Date: 06/17/2022 Effective Date: 04/01/2022
June 17, 2022

Amir Bassiri
New York State Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 22-0006

Dear Mr. Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment proposes to update New York’s PACE rate methodology to align with current state practice and terminology.

We conducted our review of your submission according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR § 447.204. This letter is to inform you that New York Medicaid SPA 22-0006 was approved on June 17, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Suzanne Gallagher at 212-616-2482 or via email at Suzanne.Gallagher@cms.hhs.gov

Sincerely,

Bill Brooks, Director
Division of Managed Care Operations

cc: Daniel Carmody
    Regina Deyette
    Laura Grassmann
    Michelle Levesque
    Kevin Wright
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE: NY

PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
XIX

PROPOSED EFFECTIVE DATE
April 1, 2022

FEDERAL STATUTE/REGULATION CITATION
§ 1902(a) of the Social Security Act and 42 CFR 447

PROPOSED EFFECTIVE DATE
April 1, 2022

FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/22-09/30/22 $0
b. FFY 10/01/22-09/30/23 $0

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B: Page 17

PAGE NUMBER OF THE SUPERSeded PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B: Page 17

SUBJECT OF AMENDMENT
Programs of All Inclusive Care for the Elderly (PACE) Rate Methodology

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

SIGNATURE Of STATE AGENCY OFFICIAL

TYPED NAME
Brett R. Friedman

TITLE
Acting Medicaid Director

DATE SUBMITTED
March 31, 2022

DATE RECEIVED
March 31, 2022

DATE APPROVED
June 17, 2022

EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

TITLE OF APPROVING OFFICIAL
Director, Division of Managed Care Operations

REMARKS

Instructions on Back
1905(a)(26): Program of All-Inclusive Care for the Elderly (PACE)

Method of Reimbursement
The Department uses the following process in establishing rates:

The Department will determine the Amount that Would have Otherwise been Paid (AWOP) equivalent per member per month cost for State Plan approved services provided to an equivalent non-enrolled population group. Medicaid data sources that will be used to calculate the AWOP include data from the Managed Long Term Care (MLTC) Partial Capitation program, the Medicaid Advantage Plus (MAP) program, the Mainstream Managed Care program as well as fee-for-service and supplemental payments. This information; and/or any information received from the PACE provider, such as the provider’s anticipated enrollment, projected utilization of services and costs, cost experience, and indirect/overhead costs; and/or any other relevant information, will be used by the Department to determine a per member per month capitation rate (which may also include certain incentive payments, such as quality and/or workforce development) for the provider that is less than the AWOP equivalent per member per month cost determined by the Department.