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State/Territory Name: NY

State Plan Amendment (SPA): NY-24-0064

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 19, 2024

Amir Bassiri
New York State Medicaid Director
Department of Health (DOH)
99 Washington Ave-One Commerce Plaza Suite 1432
Albany, NY 12210

RE: TN 24-0064

Dear Director Bassiri:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed New York state plan amendment (SPA) to Attachment 4.19-B of NY-24-0064, which was submitted to CMS on September 26, 2024. This plan amendment provides a one time across the board funding increase of up to \$19.5 million to Assisted Living Programs (ALPS), Adult Day Health Centers (ADHC) and Hospice providers.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 6 4

2. STATE

N Y3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(7); 1905(a)(18); 1905(a)(22)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 07/01/24-09/30/24 \$ 9,750,000b. FFY 10/01/24-09/30/25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Page A(7.12)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

New Page(s)

9. SUBJECT OF AMENDMENT

ALP, ADHC, and Hospice One-Time Funding Increase

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Amir Bassiri

13. TITLE

Medicaid Director

14. DATE SUBMITTED September 26, 2024

15. 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 CMS USE ONLY

16. DATE RECEIVED 09/26/2024

17. DATE APPROVED
December 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

**New York
A (7.12)**

1905(a)(7) Home Health Services, 1905(a)(18) Hospice Care, 1905(a)(22) Home or Community Care

For the period beginning July 1, 2024 and ending March 31, 2025, a one-time across-the-board (ATB) increase will be provided to non-institutional long term care providers, increasing overall Medicaid reimbursement by up to \$19.5 million.

- a. Programs to receive funding as a part of this increase include:
 - i. Assisted Living Programs
 - ii. Adult Day Health Care Facilities
 - iii. Hospice Programs
- b. In order to fully distribute the available funding, one-time lump sum payments will be made to each facility. The lump sum payment per facility will be calculated as follows:
 - i. Divide the available amount of the ATB increase by the total of all facility patient days for the most recent reported calendar year (2022). This will result in an ATB increase per patient day.
 - ii. Then, take the ATB increase per patient day and multiply it by each facility's patient days.

TN **#24-0064**

Approval Date December 19, 2024

Supersedes TN **NEW**

Effective Date **July 1, 2024**