

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

August 28, 2020

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

Reference: TN 20-0053

Dear Ms. Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0053. This amendment proposes to reduce nursing home rates an additional .5%.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447.

This is to inform you that Medicaid State plan amendment 20-0053 is approved effective April 2, 2020. The CMS-179 and the amended plan page is attached.

If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov.

Sincerely,

[Redacted Signature]

For

Karen Shields
Acting Director

Enclosures

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

1. TRANSMITTAL NUMBER

2. STATE

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

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

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

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

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

June 30, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 30, 2020

18. DATE APPROVED

8/28/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 2, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Karen Shields

22. TITLE

Acting Director, FMG

23. REMARKS

New York
A(1)(i)

**1% Across-the-Board Reductions to Payments – Effective January 1, 2020 and thereafter;
additional 0.5% Across-the-Board Payment Reduction – effective on and after 4/2/2020**

- (1) For dates of service on and after January 1, 2020, the rates of reimbursement for Article 28 nursing homes will be adjusted to reflect an across the board reduction of one percent (1%).
- (2) For dates of service on and after April 2, 2020, the rates of reimbursement for Article 28 nursing homes will be adjusted by an additional one-half percent (0.5%) to reflect an across the board reduction of one and one half percent (1.5%).
 - a. Sections subjected to the one percent (1%) and one and one half percent (1.5%) reduction are as follows:
 - i. Nursing Home Reimbursement
 - ii. Specialty Care Facilities

TN #20-0053

Approval Date August 28, 2020

Supersedes TN #20-0017

Effective Date April 2, 2020