



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for  
Medicare & Medicaid Service

Refer to

Region II  
Federal Building  
26 Federal Plaza  
New York NY 10278

January 9, 2012

Jason A. Helgerson  
State Medicaid Director  
Office of Health Insurance Programs  
NYS Department of Health  
Empire State Plaza  
Corning Tower, Room 1466  
Albany, NY 12237

Dear Mr. Helgerson:

We have completed our review of New York State Plan Amendment (SPA) submittal 11-11, "AIDS Adult Day Health Care." Enclosed are copies of the approved pages for section 4.19B of the New York State Plan and a Form CMS-179.

This amendment increases rates of payment, effective April 1, 2011, for adult day health care services provided to patients with acquired immune deficiency (AIDS) or other human immunodeficiency virus (HIV) related illnesses.


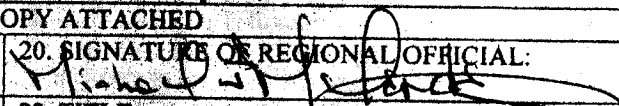
We would like to take this opportunity to thank you for the courtesies and assistance provided to our office by state staff during the approval process for this State Plan Amendment. If you have any questions, please contact Jane Friedensohn at 212-616-2328

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez", with a long horizontal flourish extending to the right.

Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: #11-11	2. STATE New York
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>April 1, 2011</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a) of the Social Security Act, and 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/11-09/30/11: \$1,196,186 b. FFY 10/01/11-09/30/12 : \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B: Page 2(a), 7(b)(i), 7(b)(ii)</b> <b>** SEE REMARKS</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B: Page 2(a), 7(b)(i), 7(b)(ii)</b>	
10. SUBJECT OF AMENDMENT: <b>AIDS Adult Day Health Care</b> <b>(FMAP = 56.88% 4/1/11-6/30/11; 50% 7/1/11 forward)</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director &amp; Deputy Commissioner</b> <b>Department of Health</b>			
15. DATE SUBMITTED: June 7, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>January 09, 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Michael Melendez</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Division of Medicaid and State Operations</b>	
23. REMARKS:  <b>**The spa concerns non-institutional services related to rates of payment for adult day health services for patients with AIDS and other HIV-related illnesses.</b>			

**OFFICIAL**

**New York  
2(a)**

**Attachment 4.19-B  
(04/11)**

- Individual and group Mental Health services
- Individual and group Nutrition counseling services
- Individual and group Substance Abuse counseling services
- Medication group counseling
- Activities of Daily Living
- Physical and Occupational Therapy services
- Case management services
- Prevention/Risk reduction counseling
- Any routine assessment performed by an appropriately credentialed staff person

**Health related (non-core) services include:**

- Group exercise sessions
- Acupuncture
- Breakfast and/or lunch
- Therapeutic massage
- Yoga
- Pastoral care
- Therapeutic recreation and structured socialization services
- Tai-chi

For adult day health care services provided on and after January 1, 2007, medical assistance rates of payment to diagnostic and treatment centers shall be increased up to an annual amount of \$2.8 million in the aggregate. Such amount shall be allocated proportionally among eligible providers based on the medical assistance visits reported by each provider in the most recently available cost report, as submitted to the Department of Health. Such allocated amounts will be included as an adjustment to each provider's daily rate of payment for such services.

Effective for adult day health care services rendered on and after January 1, 2007 through December 31, 2009, and for adult day health care services provided to patients diagnosed with AIDS on and after April 1, 2009, medical assistance rates of payments shall reflect trend factor adjustments computed in accordance with the previously approved trend factor methodology. Such adjustments shall be applied to the operational cost component of the rate.

Effective April 1, 2011 through June 30, 2011, rates of payment for adult day health care services provided to patients with AIDS or other HIV related illnesses shall be increased by an additional aggregate amount of \$1,156,650 to be allocated proportionally among such providers based on the Medicaid visits as reported in the most recently available cost report submitted to the State by January 1, 2011.

TN     #11-11    

Supersedes TN     #09-13    

Approval Date                     JAN 09 2012                    

Effective Date                     APR 01 2011

**OFFICIAL**

**New York  
7(b)(i)**

**Attachment 4.19-B  
(04/11)**

patients for which fee-for-service reimbursement is available as determined by the Department of Health.

Medical assistance rates of payment for adult day health care services provided on and after December 1, 2002 to patients with AIDS/HIV by a residential health care facility shall be increased by three percent.

This increase to rates of payment will be for purposes of improving recruitment and retention of non-supervisory workers or any worker with direct patient care responsibility. Programs are prohibited from using the funds for any other purpose. The Commissioner of Health is authorized to audit each program to ensure compliance with the purpose for which this funding is provided and shall recoup any funds determined to have been used for purposes other than recruitment and retention.

To generate a threshold day care bill, the provider must ensure that clients receive a core service and be in attendance for a minimum of three hours, and over the course of the week, receive a minimum of three hours of health care services. Health care services are defined as both the core services and health related services that are therapeutic in nature and directly or indirectly related to the core services, which must be identified on the client's comprehensive care plan. Each visit must include a core service. A bill cannot be generated if these two requirements are not met.

**Core services include:**

- Medical visits
- Nursing visits
- Individual and group Mental Health services
- Individual and group Nutrition counseling services
- Individual and group Substance Abuse counseling services
- Medication group counseling
- Activities of Daily Living
- Physical and Occupational Therapy services
- Case management services
- Prevention/Risk reduction counseling
- Any routine assessment performed by an appropriately credentialed staff person

**Health related (non-core) services include:**

- Group exercise sessions
- Acupuncture
- Breakfast and/or lunch
- Therapeutic massage
- Yoga
- Pastoral care
- Therapeutic recreation and structured socialization services
- Tai-chi

TN   #11-11  

Approval Date

  JAN 09 2012  

Supersedes TN   #06-61  

Effective Date

  APR 01 2011

**OFFICIAL**

**New York  
7(b)(ii)**

**Attachment 4.19-B  
(04/11)**

**[Health related (non-core) services include:**

- Group exercise sessions
- Acupuncture
- Breakfast and/or lunch
- Therapeutic massage
- Yoga
- Pastoral care
- Therapeutic recreation and structured socialization services
- Tai-chi]

For adult day health care services provided on and after January 1, 2007, medical assistance rates of payment to residential health care facilities shall be increased up to an annual amount of \$2.8 million in the aggregate. Such amount shall be allocated proportionally among eligible providers based on the medical assistance visits reported by each provider in the most recently available cost report, as submitted to the Department of Health. Such allocated amounts will be included as an adjustment to each provider's daily rate of payment for such services.

For adult day health care services rendered on and after January 1, 2007, through December 31, 2009, and for adult day health care services provided to patients diagnosed with AIDS on and after April 1, 2009, medical assistance rates of payments shall reflect trend factor adjustments computed in accordance with the previously approved trend factor methodology contained [on page 1(c)(i)] in this Attachment.

Effective April 1, 2011 through June 30, 2011, rates of payment for adult day health care services provided to patients with AIDS or other HIV related illnesses shall be increased by an additional aggregate amount of \$946,350 to be allocated proportionally among such providers based on the Medicaid visits as reported in the most recently available cost report submitted to the State by January 1, 2011.

(h) For the period April 1, 2007 and thereafter, rates of payment for adult day health care services provided by residential health care facilities, shall be computed in accordance with the following:

- (i) the operating component of the rate for an adult day health care program that has achieved an occupancy percentage of 90% or greater for a calendar year, prior to April 1, 2007, shall be calculated utilizing allowable costs reported in the 2004, 2005, or 2006 calendar year residential health care facility cost report filed by the sponsoring residential health care facility, whichever is the earliest of such calendar year cost reports in which the program has achieved an occupancy percentage of 90% or greater, except that programs receiving rates of payment based on allowable costs for a period prior to April 1, 2007 shall continue to receive rates of payment based on that period;
- (ii) for programs that achieved an occupancy percentage of 90% or greater prior to calendar year 2004 but did not maintain occupancy of 90% or greater in calendar years 2004, 2005, or 2006, the operating component of the rate of payment will be calculated utilizing allowable costs reported in the 2004 calendar year cost report divided by visits imputed at 90% occupancy.

TN #11-11

Approval Date

JAN 09 2012

Supersedes TN #09-13

Effective Date

APR 01 2011