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State/Territory Name: New York

State Plan Amendment (SPA) #: 13-0045

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
26 Federal Plaza, Room 37-100
New York, New York 10278



Regional Operations Group

ROG: JH: SPA NY-13-0045 - Approval

April 22, 2019

Donna Frescatore
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza, Suite 1211
Albany, NY 12210.

Dear Ms. Frescatore:

This is to notify you that New York State Plan Amendment (SPA) #13-0045 has been approved for adoption into the State Medicaid Plan with an effective date of April 1, 2013. This SPA authorizes changes to the reimbursement for Adult Homes converting to Assisted Living Programs (ALPs).

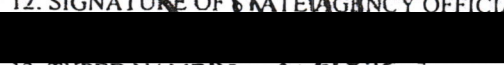
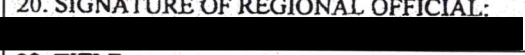
The above approval does not supersede 45 CFR §95.7, Time limit for claiming payment for expenditures, "Under the programs listed in §95.1, we will pay a State for a State agency expenditure made after September 30, 1979, only if the State files a claim with us for that expenditure within 2 years after the calendar quarter in which the State agency made the expenditure." Per § 95.19, Exceptions to time limits, the state can request a waiver for good cause. If approved, the state can receive FFP for the time barred claims.

Enclosed are copies of the approved SPA # 13-0045. If you have any questions or wish to discuss this SPA further, please contact Joanne Hounsell. Ms. Hounsell may be reached at (212) 616-2446.

Sincerely,


Ricardo Holligan
Acting Deputy Director
Regional Operations Group

cc: R. Deyette
M. Levesque
R. Weaver
M. Tabakov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-45	2. STATE New York
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE April 1, 2013	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 04/01/13-09/30/13 \$0 \$1,513.86 b. FFY 10/01/13-09/30/14 \$0 \$3,166.76	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Page 4(c)(ii) 4(c)(2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: <i>Changes to Reimbursement for Adult Homes Converting to ALPs</i> Debt Service Reimbursement for Adult Homes Converting to ALPs (FMAP = 50%)			
11. GOVERNOR'S REVIEW (Check One): <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 Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 810 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson		16. RETURN TO: (continued)	
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: June 24, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: APRIL 22, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 01, 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME:		22. TITLE: Deputy Director Regional Operations Group	
23. REMARKS: <i>Pen + Ink changes made to boxes 7a, 7b, 8 and 10 as instructed by New York on April 26, 2019.</i>			

**New York
4(c)(2)**

Per diem rate add-on for Assisted Living Programs:

Effective April 1, 2013, certain Assisted Living Programs (ALPs) may qualify for an add-on to the per diem rate. ALPs will qualify if the facility:

1. Houses exclusively ALPs beds,
2. Is operated by a not-for-profit corporation,
3. Commenced operation after 1998, and
4. Is in a county with a population of no less than 280,000 persons.

Qualified ALPs receive the following add-on to each RUGS-II category for their respective regional rate:

	2013	2014	2015	2016	2017	2018
Eger	\$49.11	\$48.31	\$48.03	\$47.71	\$47.37	\$47.00
Lott de Salle	\$34.57	\$32.76	\$32.10	\$31.39	\$30.65	\$29.87
No. Riverview	\$9.29	\$7.63	\$7.64	\$7.37	\$7.20	\$7.05
Island	--	\$48.44	\$49.19	\$49.49	\$49.49	\$49.49

Going forward, the add-on amount will be computed using the same methodology as in prior years. The ALP rates and rate add-on for qualified ALPS are available at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/

TN#: 13-0045 **Approval Date:** 04/22/2019
Supersedes TN#: NEW **Effective Date:** 04/01/2013