

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 30, 2021

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

RE: TN 20-0061

Dear Ms. Frescatore:

We have reviewed the proposed New York State Plan Amendment (SPA) to Attachment 4.19-B transmittal number 20-0061, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2020. New York State Department of Health submitted this SPA to clarify the existing methodology for distribution of the rural enhancement for personal care services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,



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 <u>20</u> — <u>00</u> <u>61</u>	2. STATE New York
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 §1902(a)(4)(5) of the Social Security Act, and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>07/01/20-09/30/20</u> \$ <u>0.00</u> b. FFY <u>10/01/20-09/30/21</u> \$ <u>0.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment: 4.19-B: Page 6(a)(7)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment: 4.19-B: Page 6(a)(7)

10. SUBJECT OF AMENDMENT
Personal Care Rural Clarification
(FMAP=50%)

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 New York State Department of Health Division of Finance and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210
13. TYPED NAME Donna Frescatore	
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED September 29, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 29, 2020	18. DATE APPROVED 3/30/2021
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

** Pen and Ink change requested by the State, Block 6

New York
6(a)(7)

Effective April 1, 2018, Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State will be eligible for a rate adjustment to address losses between the amount the provider pays for Level II, Nursing Assessment and Nursing Supervision and the Medicaid reimbursement for these services. Effectively July 1, 2020, and annually beginning January 1, 2021, the rate adjustment shall be a supplemental payment.

The FAR areas are determined by the US Department of Agriculture Economic Research Service and are based on zip codes and use population and urban-rural data from the [2010] the latest available U.S. Census.

Eligibility

Eligibility is based on the provider experiencing a combined loss in the Medicaid Personal Care Level II, Nursing Supervision and Nursing Assessment services as identified using the most recent complete calendar year cost reports for providers in the FAR regions.

Methodology

- The State identified \$3M to support this rural initiative for both Personal Care services through the State Plan and the NHTD and TBI Waiver services.
- Distribution of the \$3M between the Personal Care services and the NHTD and TBI Waiver services will be based on a demonstration of overall losses between the service areas.
- For Personal Care services, a difference will be calculated between actual cost and current rates paid for the sum of Level II, Nursing Assessment and Nursing Supervisor using the Cost Report data:
 - Each provider’s loss is divided by the sum of all eligible losses to establish a percentage of loss for each provide.
 - This percentage of loss is used to allocate up to \$3M, as a rate add-on through June 30, 2020, and as a supplemental payment, beginning in July 1, 2020 to qualifying FAR Personal Care providers, not to exceed the value of the provider’s loss.
 - [• The allocation of funds is divided by the sum of Level II hours, Nursing Supervision visits, and Nursing Assessment visits, by providers in the FAR region using the most recent completed calendar year cost report to establish a rate add-on for the provider. This add-on is added to the current rates of Level II, Nursing Assessment and Nursing Supervision.]

TN #20-0061
Supersedes TN #19-0006

Approval Date 3/30/21
Effective Date July 1, 2020