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GIS 98 MA/019

GENERAL INFORMATION SYSTEM
Office of Medicaid Management

06/22/98

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TO: Local District Commissioners, Medicaid Directors

FROM: Ann Clemency Kohler, Deputy Commissioner, Office of Medicaid Management

SUBJECT: Medicaid Regional Rates for Calculating Penalty Periods

EFFECTIVE DATE: January 1, 1998

CONTACT PERSON: David Bacheldor 518-473-2279 or
Robin Johnson 518-473-5450

This is to notify districts of the 1998 regional rates which must be used to determine the Medicaid transfer of assets penalty period in accordance with 96 ADM-8, "OBRA '93 Provisions on Transfers and Trusts".

These rates must be used when determining the penalty period for institutionalized persons who applied for Medicaid coverage on or after January 1, 1998. Districts must recalculate a penalty period for persons who were in receipt of nursing facility level of care or home and community-based waived services under section 1915(c) or (d) of the Social Security Act on or after January 1, 1998 if the old rates were used to establish a penalty period. To notify individuals of the revised penalty period, districts must use reason code S05 or Attachment II of 93 ADM-27, "Notice of Change in Limited Coverage Period for Institutionalized Persons".

<u>Region</u>	<u>Monthly Regional Rate</u>
Central	\$4,657
Long Island	\$7,225
New York City	\$7,077
Northeastern	\$5,058
Northern Metropolitan	\$6,339
Rochester	\$5,113
Western	\$4,842