

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

June 4, 2020

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

Reference: TN 20-0019

Dear Ms Frescatore:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 20-0019. This amendment proposes to include a 2% salary increase for certain staff of private psychiatric hospitals.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment 20-0019 is approved effective January 1, 2020. The CMS-179 and the amended plan page(s) are attached.

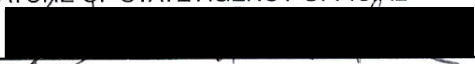

If you have any additional questions or need further assistance, please contact Charlene Holzbaur at 609-882-4796 or Charlene.Holzbaur@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 0 — 0 0 1 9</u>	2. STATE New York
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) 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 January 01, 2020	
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 §1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT a. FFY <u>01/01/20-09/30/20</u> \$ <u>75.00</u> b. FFY <u>10/01/20-09/30/21</u> \$ <u>100.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A-Part III Page: 2D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment: New	
10. SUBJECT OF AMENDMENT Private Psych Hospital 2% Compensation Increase (FMAP=50%)			
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 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 March 27, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED Mach 27, 2020		18. DATE APPROVED 6/4/20	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Kristin Fan		22. TITLE Director, FMG	
23. REMARKS			

New York
2D

5. **Compensation Increases for Eligible Rate Based Programs.**

- a. **January 1, 2020 Increase.** Rates will be revised to incorporate a two percent increase to total salaries for direct care and direct support professional employees. The compensation increase will be included in the provider's cost base used to develop rates beginning effective January 1, 2020. The compensation increase funding will include associated fringe benefits.
- b. **April 1, 2020 Increase.** In addition to the compensation funding increase effective January 1, 2020, providers will receive a two percent increase to total salaries for direct care, direct support and clinical professionals effective beginning April 1, 2020. The compensation increase funding will include associated fringe benefits. The compensation funding increase for the nine-month period of April through December will be included in the provider's cost base used to develop rates beginning effective January 1, 2020 for an annualized payment.
- c. The compensation funding increase as stated in paragraphs 5a and 5b will be included in the cost base used for rate development until such time the increased costs are included in the cost base.

TN #20-0019

Approval Date 6/4/20

Supersedes TN NEW

Effective Date January 1, 2020