

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

Jason A. Helgerson  
State Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP – 1211)  
Albany, NY 12237

SEP 14 2017



RE: State Plan Amendment (SPA) TN 16-0051

Dear Mr. Helgerson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State Plan submitted under transmittal number (TN) 16-0051. Effective December 1, 2016, this amendment proposes higher Medicaid payments to pay for care and services provided in restorative care units in nursing facilities. These new units are intended to provide higher intensity treatment services for residents who are at risk of hospitalization for the purpose of reducing hospital admissions and readmissions coming from nursing homes.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. This letter is to inform you that New York 16-0051 is approved effective December 1, 2016. The CMS-179 and approved plan pages are enclosed.

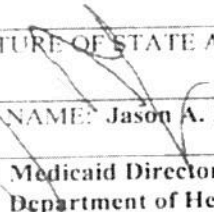
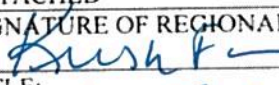
If you have any questions, please contact Betsy Pinho at 518-396-3810.

Sincerely,

A handwritten signature in blue ink, which appears to read "Kristin Fan", is located below the "Sincerely," text.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>16-0051</b>	2. STATE: <b>New York</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
10. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>December 1, 2016</b>	
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			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: § 1902(a) of the Social Security Act, and 42 CFR § 447		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 12/01/16-09/30/17 \$ 2,250.00 b. FFY 10/01/17-09/30/18 \$ 1,500.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D Part I: Page 110(d)(29.1), 110(d)(29.2)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D Part I: Page 110(d)(29.1)</b>	
10. SUBJECT OF AMENDMENT: <b>Restorative Care in a Nursing Home (FMAP = 50%)</b>			
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 Division of Finance & Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>DEC 30 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>SEP 14 2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>DEC 01 2016</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Kristin FAN</b>		22. TITLE: <b>Director, FMCO</b>	
23. REMARKS:			



New York  
110(d)(29.1)

**Nursing Home Advanced Training Incentive Payments (cont'd)**

Excluded Facilities are:

- Hospital based nursing facilities; and
- Nursing Facilities that have been approved to receive Vital Access Provider (VAP) payments during the same state fiscal year the incentive payment is available.

Calculation Statewide Median and Staff Retention Percentage: Data from Schedule P (Staff Turnover) of the most recently filed Cost Report will be used to measure staff turnover and retention rates for direct care staff. For the 2016 payment, the State will use the 2014 cost report. For the 2017 payment, the state will use 2015 cost report. The staff retention percentage will be equal to the number of employees retained as of December 31, who were employed on January 1 of the same year by the number of staff as of January 1 of that year.

$$\begin{aligned} & (\# \text{ of Employees Retained as of December 31, 20XX, who were Employed on January 1, 20XX}) \\ & \quad = \text{Staff Retention \%} \\ & \quad \text{divided by } (\# \text{ of Staff as of January 1, 20XX}) \end{aligned}$$

XX = 2014 or 2015 cost report as applicable.

A statewide staff retention median was derived by sorting the provider percentages from high to low and selecting the percentage in the middle of the range.

**Restorative (Intensive) Care in a Nursing Home**

Effective December 1, 2016 NYSDOH will implement a Restorative Care Unit Program to reduce hospital admissions and readmissions from residential health care facilities through the establishment of restorative care units. These restorative care units will provide higher-intensity treatment services to residents who are at risk of hospitalization upon an acute change in condition and seeks to improve the capacity of nursing facilities to identify and treat higher acuity patients with multiple co-morbidities as effectively as possible in place, rather than through admission to an acute care facility. Eligible facilities are required to institute new programs through which residents normally transported to hospital will be cared for in the nursing facility through the use of more intensive nursing home units.

The targeted population receiving restorative care unit services are participating in the restorative care program, post hospital admission and have an overall goal of discharging to the community.

Rate payments will be provided, semi-annually, to eligible residential health care facilities which meet the criteria of providing intensive treatments to nursing home residents in the facility and thereby avoid hospitalization. The rate adjustment is intended to:

TN     #16-0051      
Supersedes TN     #15-0047    

Approval Date     SEP 14 2017      
Effective Date     DEC 01 2016

**New York  
110(d)(29.2)**

- Enhance quality of care
- Provide immediate intensive care in a nursing home setting
- Improve the cost effectiveness through the avoidance of hospital admission

Eligible residential health care providers, the amount of the semi-annual payment, and the duration of each rate adjustment period shall be listed in the table which follows. The total adjustment amount for each period shown below will be paid semi-annually during each period in equal installments. The temporary payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the six months. To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals may result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's payment period adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology.

Additional payments have been approved for the following providers in the amounts and for the effective periods listed.

**Nursing Homes:**

<b><u>Provider Name</u></b>	<b><u>Gross Medicaid Rate Adjustment</u></b>	<b><u>Rate Period Effective</u></b>
Golden Hill Nursing Center	\$3,000,000	12/01/2016 – 03/31/2017
	\$1,500,000	04/01/2017 – 09/30/2017
	\$1,500,000	10/01/2017 – 03/31/2018
	\$1,500,000	04/01/2018 – 09/30/2018
	\$1,500,000	10/01/2018 – 03/31/2019

TN     #16-0051      
Supersedes TN     New    

Approval Date                      **SEP 14 2017**  
Effective Date                      **DEC 01 2016**