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**State/Territory Name: New York**

**State Plan Amendment (SPA)# 19-0006**

The file contains the following documents in the order listed:

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

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: VH: SPA NY-19-0006 Approval

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May 29, 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) #19-0006 has been approved for adoption into the State Medicaid Plan with an effective date of January 1, 2019. This SPA approves a rate enhancement for Medicaid qualified personal care providers in Federally Designated Frontier and Remote (FAR) areas of New York State.

Enclosed are copies of the Plan Pages for SPA #19-0006 and the HCFA-179 form, as approved.

If you have any questions regarding this amendment, please call Vijai Hiralall at 212.616.2206 or e-mail at [Vijai.Hiralall@cms.hhs.gov](mailto:Vijai.Hiralall@cms.hhs.gov).

Sincerely,

  
Nicole McKnight  
Acting Deputy Director  
Regional Operations Group

Enclosures: HCFA-179 Form  
State Plan Pages

cc: M. Ogborn  
R. Deyette  
P.LaVenja  
R. Weaver  
N.McKnight  
R. Holligan  
M. Tabakov  
V.Hiralall  
M. Lopez

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 9 — 0 0 0 6</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 01/01/2019	

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 §1905(r)(5) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY <u>01/01/19-09/30/19</u> \$ <u>601.00</u> b. FFY <u>10/01/19-09/30/20</u> \$ <u>801.00</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 ( <i>If Applicable</i> )  Attachment: None

10. SUBJECT OF AMENDMENT  
Rural County Provider Funding  
(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

13. TYPED NAME Donna Frescatore	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
14. TITLE Medicaid Director, Department of Health	
15. DATE SUBMITTED MAR 29 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED <b>MAY 29, 2019</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>JANUARY 01, 2019</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>NICOLE MCKNIGHT</b>	22. TITLE <b>ACTING DEPUTY DIRECTOR REGIONAL OPERATIONS GROUP</b>

23. REMARKS

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.

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 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 to qualifying FAR Personal Care providers.
  - 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           #19-0006            
Supersedes TN   New          

Approval Date   05/29/2019            
Effective Date   01/01/2019