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State/Territory Name: NY

State Plan Amendment (SPA) #: 22-0057

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

April 10, 2023

Amir Bassiri
Medicaid Director
New York State Department of Health
99 Washington Ave – One Commerce Plaza Suite 1432
Albany, NY 12210

Reference: TN 22-0057

Dear Medicaid Director:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 22-0057. This amendment proposes to provide nursing homes and specialty care facilities a 1% increase.

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 447 Subpart C.

This is to inform you that Medicaid State plan amendment NY-22-0057 is approved effective April 1, 2022. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 5 7

2. STATE
NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
~~1905(a)(4)(A) Nursing Facility Services~~
§ 1902(a) of the Social Security Act and 42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/22-09/30/22 \$ 15,650,000
b. FFY 10/01/22-09/30/23 \$ 31,300,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Part I: Page A


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-D Part I: Page A

9. SUBJECT OF AMENDMENT

LTC 1% Enhancement

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Amir Bassiri

13. TITLE
Acting Medicaid Director

14. DATE SUBMITTED
June 30, 2022

15. 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


FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2022

17. DATE APPROVED
April 10, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director, Financial Management Group

22. REMARKS

02/17/23 - Pen and ink change to box 5 authorized by the State.

New York
A

1905(a)(4)(A) Nursing Facility Services

Across-the-Board Reductions to Payments – Effective 9/16/10 – 3/31/11

- (1) For dates of service on and after September 16, 2010, through and including March 31, 2011, payments for services as specified in paragraph (2) of this Attachment will be reduced by 1.1%, provided payment is made no later than March 31, 2011.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) include the following:

Part I – Residential Health Care Facilities

- a) Voluntary Health Care Facility Right Sizing Program. Page 16
- b) Services provided by Residential Health Care Facilities, excluding proportionate share payments to non-state operated public facilities (found on page 47(x)(2)(b)). Pages 17-87

Part III – Methods and Standards for Establishing Payment Rates (Out of State Services) – Nursing Facilities

- c) Services provided by nursing facilities out of state. Page 1

2% Across-the-Board Reductions to Payments - Effective 4/1/2011-3/31/2013

- (1) For dates of service on and after April 1, 2011, and ending on March 31, 2013, payments for services as specified in paragraph (2) of this Attachment will be reduced by 2%.
- (2) Payments in this Attachment subject to the reduction in paragraph (1) are the following:

Part III – Methods and Standards for Establishing Payment Rates (Out of State Services) – Nursing Facilities

- d) Services provided by nursing facilities out of state. Page 1

Across the Board Increase

- (1) For dates of service on and after November 1, 2018, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of one and one-half percent (1.5%).
 - a. Sections subjected to the one and one-half percent (1.5%) increase are as follows:
 - i. Nursing Home Reimbursement
 - ii. Specialty care facilities
 - b. The capital component of the rates [are] is not subject to the one and one-half percent (1.5%) increase.
- (2) For dates of service on and after April 1, 2022, the operating component of the rates of reimbursement for Article 28 nursing homes, will be adjusted to reflect an across-the-board increase of one percent (1%).
 - a. Sections subjected to the one (1%) increase are as follows:
 - i. Nursing Home Reimbursement
 - ii. Specialty care facilities
 - b. The capital component of the rates is not subject to the one percent (1%) increase.

TN #22-0057 Approval Date April 10, 2023

Supersedes TN #18-0063 Effective Date April 1, 2022