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State/Territory Name: NY

State Plan Amendment (SPA) #: 23-0099

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

January 24, 2024

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

Reference: TN 23-0099

Dear Medicaid Director:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0099. This amendment proposes to continue the provisions of a zero-trend factor in the Medicaid reimbursement rates for Medicaid residential health care facilities caring for a non-pediatric population.

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-23-0099 is approved effective October 1, 2023. 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 at 617-565-1225 or Kristina.Mack-Webb@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting 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. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

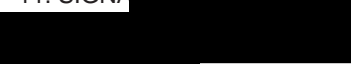
5. FEDERAL STATUTE/REGULATION CITATION

9. SUBJECT OF AMENDMENT

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 AGENCY OFFICIAL


12. TYPED NAME

13. TITLE


14. DATE SUBMITTED December 28, 2023

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED December 28, 2023	17. DATE APPROVED January 24, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group

22. REMARKS

**New York
51(a)(2)**

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

- (k) For rates of payment effective for nursing home services provided on and after January 1, 2009 through March 31, 2009, the otherwise final trend factor attributable to the 2008 calendar year period will be adjusted such that any increase to the average trend factor for the period April 1, 2008 through December 31, 2008 will be reduced, on an annualized basis, by 1.3% and no retroactive adjustment to such 2008 trend factor will be made for the period April 1, 2008 through December 31, 2008. Effective on and after April 1, 2009, the otherwise applicable final trend factor attributable to the 2008 calendar year period will be zero.
- (l) For rates of payment effective for nursing home services provided on and after January 1, 2009, through March 31, 2009, a trend factor equal to the otherwise applicable trend factor attributable to the period January 1, 2009, through December 31, 2009, as calculated in accordance with paragraph (f) of this section, less 1% will be applied. Effective on and after April 1, 2009, the otherwise applicable trend factor attributable to the 2009 calendar year period will be zero.
- (m) For rates of payment effective for nursing home services provided for the period January 1, 2010, through March 31, 2010, the otherwise applicable trend factor attributable to the 2010 calendar year period will be zero.
- (n) For rates of payment effective for inpatient services provided by residential health care facilities on or after April 1, 2010, except for residential health care facilities that provide extensive nursing, medical, psychological, and counseling support services to children, the otherwise applicable trend factors attributable to:
- i. the 2010 through 2012 calendar year periods will be no greater than zero.
 - ii. the 2013 and 2014 calendar year periods will be no greater than zero.
 - iii. the 2015 calendar year period will be no greater than zero for rates effective for the period January 1, 2015, through March 31, 2015, and April 23, 2015, through December 31, 2015.
 - iv. the 2016 calendar year period will be no greater than zero.
 - v. the 2017 calendar year period will be no greater than zero for rates effective for the period January 1, 2017, through March 31, 2017, and April 1, 2017 through December 31, 2019.
 - vi. the 2019 - 2021 calendar year periods will be no greater than zero for rates effective for the period April 1, 2019, through March 31, 2021.
 - vii. the 2021 - 2025 calendar year periods will be no greater than zero for rates effective for the period April 1, 2021, through March 31, 2025.

Effective July 1, 1994, payment rates for the 1994 rate setting cycle will be calculated using the proxy data described in this section that is available through the third quarter of 1993. Proxy data, which becomes available subsequent to the third quarter of 1993, will not be considered in setting or adjusting 1994 payment rates.

TN #23-0099 _____

Approval Date January 24, 2024

Supersedes TN #21-0039 _____

Effective Date October 1, 2023