

Table of Contents

State/Territory Name: New York

State Plan Amendment (SPA) #: 14-25

This 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
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

DMCHO: JM

March 24, 2015

Jason Helgerson
Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower (OCP - 1211)
Albany, New York 12237

RE: NY SPA #14-0025

Dear Mr. Helgerson:

This is to notify you that New York State Plan Amendment (SPA) #14-0025 has been approved for adoption into the State Medicaid Plan with an effective date of June 5, 2014. The SPA was submitted to provide funds to certified home health agencies, AIDS home care providers, and hospice service providers for the purpose of improving recruitment, training, and retention of home health aides or other personnel with direct patient care responsibility which has been extended for the period June 5, 2014 to March 31, 2017.

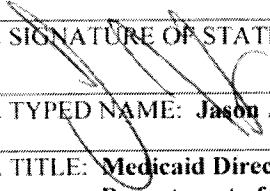
Enclosed are copies of SPA #14-0025 as approved. If you have any questions or wish to discuss this SPA further, please contact Ricardo Holligan or John Montalto. Mr. Holligan may be reached at (212) 616-2424, and Mr. Montalto's telephone number is (212) 616-2326.

Sincerely,

/s/

Michael J. Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: RHolligan
SJew
MLopez
RWeaver
JHounsell
KKnuth

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: #14-0025	2. STATE New York
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 5, 2014	
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 06/05/14 - 09/30/14 \$ 7,319 b. FFY 10/01/14 - 09/30/15 \$14,638	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages 4(a)(i), 4(a)(viii)(1), 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Pages 4(a)(i), 4(a)(viii)(1), 10	
10. SUBJECT OF AMENDMENT: Home Care R & R Extension (6/5/14-3/31/17) FMAP = 50%			
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 1460 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUN 3 0 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MARCH 24, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUNE 05, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: MICHAEL MELENDEZ		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS	
23. REMARKS:			

OFFICIAL

**New York
4(a)(i)**

volume of services attributable to each contracted agency. Such agencies shall submit to providers with which they contract written certifications attesting that such funds will be used solely for the purposes of recruitment and retention of non-supervisory home care services workers or any worker with direct patient care responsibility and shall maintain in their files expenditure plans specifying how such funds will be used for such purposes. The Commissioner is authorized to audit such agencies to ensure compliance with such certifications and expenditure plans and shall recoup any funds determined to have been used for purposes other than those set forth in this section.

The Commissioner of Health will additionally adjust rates of payment for AIDS home care service providers, for the purpose of improving recruitment and retention of home health aides or [other] non-supervisory personnel with direct patient care responsibility.

These additional adjustments to rates of payments shall be calculated by allocating the available funding proportionally based on each AIDS home care service provider's, home health aide or other direct care services total annual hours of service provided to Medicaid patients, as reported in each such agency's most recently available cost report as submitted to the Department. The total aggregate available funding for AIDS home care service providers is as follows:

- For the period June 1, 2006 through December 31, 2006 - \$540,000.
- For the period January 1, 2007 through June 30, 2007 - \$540,000.
- For the period July 1, 2007 through March 31, 2008 - \$1,080,000.
- For the period April 1, 2008 through March 31, 2009 - \$1,080,000.
- For the period April 1, 2009 through March 31, 2010 - \$1,080,000.
- For the period April 1, 2010 through March 31, 2011 - \$1,080,000.
- For the period April 1, 2011 through March 31, 2012 - \$1,080,000.
- For the period April 1, 2012 through March 31, 2013 - \$1,080,000.
- For the period April 1, 2013 through March 31, 2014 - \$1,080,000.
- For the period June 5, 2014 through March 31, 2015 - \$1,080,000.
- For the period April 1, 2015 through March 31, 2016 - \$1,080,000.
- For the period April 1, 2016 through March 31, 2017 - \$1,080,000.

Payments made pursuant to this section shall not be subject to subsequent adjustment or reconciliation.

For providers established after November 1, 2005, the Department utilizes Medicaid data from the initial cost report submitted to the Department, which would allow the inclusion of those providers in the distribution.

TN #14-0025

Supersedes TN #11-0015

Approval Date MARCH 24, 2015

Effective Date JUNE 05, 2014

OFFICIAL

**New York
4(a)(viii)(1)**

Recruitment and Retention of Direct Patient Care Personnel

The Commissioner of Health will additionally adjust rates of payment for certified home health agencies, for purposes of improving recruitment and retention of home health aides or [other] non-supervisory personnel with direct patient care responsibility.

These additional adjustments to rates of payments shall be calculated by allocating the available funding proportionally based on each certified home health agency's, home health aide or other direct care services total annual hours of service provided to Medicaid patients, as reported in each such agency's most recently available cost report as submitted to the Department. For home health services paid under the episodic payment system, allocation of the recruitment and retention payment is included in episodic payment prices paid under that system. The total aggregate available funding for all eligible certified home health agency providers is as follows:

- For the period June 1, 2006 through December 31, 2006 - \$20,100,000.
- For the period January 1, 2007 through June 30, 2007 - \$20,100,000.
- For the period July 1, 2007 through March 31, 2008 - \$40,200,000.
- For the period April 1, 2008 through March 31, 2009 - \$40,200,000.
- For the period April 1, 2009 through March 31, 2010 - \$40,200,000.
- For the period April 1, 2010 through March 31, 2011 - \$40,200,000.
- For the period April 1, 2011 through March 31, 2012 - \$40,200,000.
- For the period April 1, 2012 through March 31, 2013 - \$40,200,000.
- For the period April 1, 2013 through March 31, 2014 - \$40,200,000.
- For the period June 5, 2014 through March 31, 2015 - \$26,736,000.
- For the period April 1, 2015 through March 31, 2016 - \$26,736,000.
- For the period April 1, 2016 through March 31, 2017 - \$26,736,000.

Payments made pursuant to this section will not be subject to subsequent adjustment or reconciliation.

For providers established after November 1, 2005, the Department utilizes Medicaid data from the initial cost report submitted to the Department, which would allow the inclusion of those providers in the distribution.

TN #14-0025

Supersedes TN #11-0015

Approval Date MARCH 24, 2015

Effective Date JUNE 05, 2014

OFFICIAL

New York
10

[Types of Service]

Hospice Services: Routine Home Care, Continuous Home Care, Inpatient Respite Care, And General Inpatient Care

Medicaid payment for hospice care will be in amounts no lower than the Medicare rates for: general inpatient, inpatient respite, routine home care and continuous home care using the same methodology as used under Part A of Title XVIII Annual adjustments shall be made to these rates commencing October 1, 1990, using inflation factors developed by the State.

The Commissioner of Health will increase medical assistance rates of payment by three percent for hospice services provided on and after December first, two thousand two, for purposes of improving recruitment and retention of non-supervisory workers or workers with direct patient care responsibility.

[For hospice services provided on or after June 1, 2006 through March 31, 2011,] [r]Rates of payment will be additionally adjusted for the purpose of further enhancing the provider's ability to recruit and retain non-supervisory workers or workers with direct patient care responsibility. These additional adjustments to rates of payment will be allocated proportionally based on each hospice provider's non-supervisory workers' or direct patient care workers' total annual hours of service provided to Medicaid patients as reported in each such provider's most recently available cost report as submitted to the Department. The total aggregate available funding for all eligible hospice providers is as follows:

- For the period June 1, 2006 through December 31, 2006 - \$730,000.
- For the period January 1, 2007 through June 30, 2007 - \$730,000.
- For the period July 1, 2007 through March 31, 2008 - \$1,460,000.
- For the period April 1, 2008 through March 31, 2009 - \$1,460,000.
- For the period April 1, 2009 through March 31, 2010 - \$1,460,000.
- For the period April 1, 2010 through March 31, 2011 - \$1,460,000.
- For the period April 1, 2011 through March 31, 2012 - \$1,460,000.
- For the period April 1, 2012 through March 31, 2013 - \$1,460,000.
- For the period April 1, 2013 through March 31, 2014 - \$1,460,000.
- For the period June 5, 2014 through March 31, 2015 - \$1,460,000.
- For the period April 1, 2015 through March 31, 2016 - \$1,460,000.
- For the period April 1, 2016 through March 31, 2017 - \$1,460,000.

For providers established after November 1, 2005, the Department utilizes Medicaid data from the initial cost report submitted to the Department, which would allow the inclusion of those providers in the distribution.

Hospice services providers that have their rates adjusted for this purpose shall use such funds solely for the purposes of recruitment and retention of non-supervisory workers or workers with direct patient care responsibility and are prohibited from using such funds for any other purposes. Each hospice provider receiving funds shall submit, at a time and in a manner determined by the Commissioner, a written certification attesting that such funds will be used solely for the purpose of recruitment and retention of non-supervisory workers or workers with

TN #14-0025
Supersedes TN #11-0015

Approval Date MARCH 24, 2015
Effective Date JUNE 05, 2014