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State/Territory Name: New York

State Plan Amendment (SPA) #: 12-0022

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: JH:SPA-NY-12-0022-Approval

March 27, 2018

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

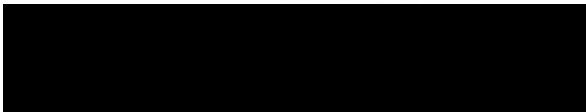
Dear Commissioner Helgerson:

On June 28, 2012, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA), transmittal number 12-0022, which proposes to allow an Assisted Living Program (ALP) to bill for the preadmission assessment of residents directly effective April 26, 2012.

Enclosed is a copy of the HCFA-179 form as well as the approved pages for incorporation into the New York State Plan.

If you have any questions regarding this amendment, please call Joanne Hounsell at 212.616.2446 or e-mail at joanne.hounsell@cms.hhs.gov.

Sincerely,



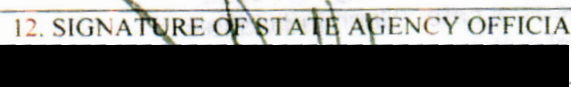
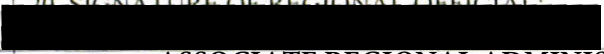
Michael Melendez, LMSW
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures: HCFA-179 Form
State Plan Pages

cc: J. Ulberg
R. Deyette
P. LaVenia
M. Levesque

R. Weaver
R. Holligan
N. McKnight
M. Tabakov

J. Hounsell
M. Lopez

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-0022	2. STATE New York
		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 April 26, 2012	
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: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 04/26/12 -09/30/12 \$ 0 b. FFY 10/01/12- 09/30/13 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Page 2(a)(i) Attachment 3.1-B Supplement: Page 2(a)(i) Attachment 4.19-B: page 4(c)(1)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: Page 2(a)(i) Attachment 3.1-B Supplement: Page 2(a)(i) Attachment 4.19-B: page 4(c)(1)	
10. SUBJECT OF AMENDMENT: Assisted Living Programs (ALP) Reform (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 and Rate Setting 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Jason A. Helgerson			
14. TITLE: Medicaid Director Department of Health			
15. DATE SUBMITTED: JUNE 28, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: MARCH 27, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 26, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ, LMSW		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

**New York
2(a)(i)**

7b. Home Health aide will mean a person who carries out health care tasks under the supervision of a registered nurse or licensed therapist and who may also provide assistance with personal hygiene, housekeeping and other related supportive tasks to a patient with health care needs in his/her home. Home health aides will have successfully completed a basic training program in home health aide services or an equivalent exam approved by the Department and possess written evidence of such completion.

Certified home health agencies (CHHA) may provide home health services pursuant to the requirements of 42 CFR 440.70(b)(2). Home health services may be provided to income and/or medically eligible participants in home and community based settings, which could be the individual's home.

TN #12-0022
Supersedes TN #09-0023B

Approval Date 03/27/2018
Effective Date 04/26/2012

**New York
2(a)(i)**

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**New York
4(c)(1)**

**[Type of Service]
Assisted Living Programs**

[Method of Reimbursement]

[In accordance with Public Health law section 3614(6) and 10 NYCRR Subpart 86-7, the Commissioner of Health and subject to approval for the State Director of the Budget, establishes per diem payment rates that] The per diem rates described below are payment-in-full for the [Title XIX] [P]personal [C]care [S]services that the Assisted Living Program (ALP) provides directly or through contracts with [a Long Term Home Health Care Program,] a certified home health agency (CHHA) or other qualified provider[s]; nursing services, home health aide services, physical therapy, occupational therapy, speech therapy and medical supplies and equipment not requiring prior approval, personal emergency response services, and adult day health care provided in a program approved by the Commissioner of Health. In addition to the provision of any of these needed home care services, the ALP is responsible for the overall case management of individuals participating in the program. Case management functions that are the responsibility of the ALP can be found on the eMedNY website at:

www.emedny.org/ProviderManuals/AssistedLiving/PDFs/ALP_Policy_Section.pdf

Payment rates are established for 1992 for each of sixteen patient classification groups in each of sixteen regions, and the 1992 payment rates [are] were increased by a roll factor for each subsequent year through 2011. The payment rates are related to fifty percent of the amounts which otherwise would have been expended to provide the appropriate level of care in a residential health care facility (RHCF) in the applicable regions and consist of a direct component and other than direct component. For 1992, the direct and other than direct components for each patient classification group in each of sixteen regions are summed and multiplied by fifty percent. For subsequent calendar years through 2011, the 1992 payment rates are increased by the applicable roll factor, pursuant to Department regulations for the Assisted Living Program under the Adjustments to Rate of Payment section and for Residential Health Care Facilities under the Adjustments to Basic Rate section. [Payment rates cannot exceed prevailing charges in the locality.] ALP per diem rates can be found on the Department of Health website at:

http://www.health.ny.gov/facilities/long_term_care/reimbursement/alp/

Reimbursement for ALP preadmission assessments:

The reimbursement rate for preadmission assessments conducted directly by the ALP will be equal to the statewide weighted average rate for CHHA nursing visits in effect on January 1 of the year of the preadmission assessment.

The average CHHA nursing visit reimbursement rates (effective for ALP preadmission assessments) can be found on the Department of Health website at:

https://www.health.ny.gov/facilities/long_term_care/reimbursement/episodic/eps_weighted_average_rates.htm

TN#: #12-0022 Approval Date: 03/27/2018
Supersedes TN#: #97-0010 Effective Date: 04/26/2012