

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification

JUL 18 2011

Jason A. Helgerson
State Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
NYS Department of Health
Empire State Plaza
Corning Tower, Room 1466
Albany, NY 12237

RE: TN 11-010

Dear Mr. Helgerson

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-010. Effective July 1, 2011, this amendment proposes to provide a rate adjustment for Residential Health Facilities which operate a discrete unit for the treatment of Huntington's disease.

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 regulations at 42 CFR 447 Subpart C. This is to inform you that New York 11-010 is approved effective July 1, 2011 and have enclosed the HCFA-179 and the approved plan page.


If you have any questions, please contact Tom Brady at 518-396-3810 or Rob Weaver at 410-786-5914.

Sincerely,

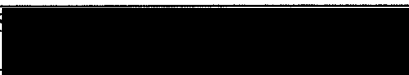


Cindy Mann
Director, CMCS

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: #11-10	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 July 1, 2011	
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 07/01/11-09/30/11 \$212,000 b. FFY 10/01/11-09/30/11 \$850,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D: Page 47(s)(i)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Medicaid Payments for Huntington's Disease (FMAP = 50% 7/1/11 forward)		
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		
13. AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health Corning Tower Empire State Plaza Albany, New York 12237	
12. TYPED NAME: Helgerson		
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health		
15. DATE SUBMITTED: June 9, 2011		

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JUL 18 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2011	20. SIGNATURE: 
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
23. REMARKS:	

Huntington's Disease

For periods on and after July 1, 2011, Medicaid rates of payments for inpatient services provided by residential health care facilities that operate discrete units for the treatment of residents with Huntington's disease will be increased by a rate add-on amount. The aggregate amount of such rate add-ons for the period July 1, 2011 through December 31, 2011 will be \$850,000 and for calendar year 2012 and each year thereafter will be \$1,700,000. Payments will be calculated as follows:

- (1) Amounts will be allocated to each eligible residential health care facility proportionally based on the number of beds in each facility's discrete unit for treatment of Huntington's disease relative to the total number of such beds in all such units based on the bed capacity reported in certified cost reports submitted to the Department of Health for the calendar year period two years prior to the applicable rate year.
- (2) Rate add-ons will be computed utilizing reported Medicaid days from certified cost reports as submitted to the Department of Health for the calendar year period two years prior to the applicable rate year.
- (3) Rate add-ons shall not be subject to subsequent adjustment or reconciliation.

TN #11-10

Approval Date JUL 1 8 2011

Supersedes TN NEW

Effective Date JUL - 1 2011