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State/Territory Name:

New York

State Plan Amendment (SPA) #: 17-0051

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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-17-0051-Approval

November 1, 2017

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 September 7, 2017, the Centers for Medicare and Medicaid Services (CMS) received New York State Plan Amendment (SPA), transmittal number 17-0051, which provides for temporary rate adjustments to Medicaid rates for the North Country Homes as an eligible Licensed Home Care Agency that has been subject to or impacted by the closure, merger, consolidation, acquisition or restructuring.

Based on the information provided, we are pleased to inform you SPA 17-0051 was approved on November 1, 2017 with an effective date of July 1, 2017. Enclosed is a copy of the HCFA-179 form as well as the approved page 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 Page

cc: J. Ulberg R. Deyette P. LaVenia M. Levesque R. Weaver R. Holligan N. McKnight

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New York 4(10)

Temporary Rate Adjustments for Mergers, Acquisitions, Consolidations, Restructurings, and Closures – Licensed Home Care Services Agencies (LHCSA)

A temporary rate adjustment will be provided to eligible LHCSA providers that are subject to or impacted by the closure, merger, and acquisition, consolidation or restructuring of a health care provider. The rate adjustment is intended to:

- Protect or enhance access to care;
- Protect or enhance quality of care; or
- Improve the cost effectiveness.

Eligible LHCSA providers, the annual amount of the temporary rate adjustment, and the duration of the adjustment shall be listed in the table which follows. The total annual adjustment amount will be paid quarterly with the amount of each quarterly payment being [equal to one fourth of] <u>equally</u> <u>divided for</u> the total annual amount established for each provider. The quarterly payment made under this section will be an add-on to services payments made under this Attachment to such facilities during the quarter.

To remain eligible, providers must submit benchmarks and goals acceptable to the Commissioner and must submit periodic reports, as requested by the Commissioner, concerning the achievement of such benchmarks and goals. Failure to achieve satisfactory progress in accomplishing such benchmarks and goals will result in termination of the provider's temporary rate adjustment prior to the end of the specified timeframe. Once a provider's temporary rate adjustment ends, the provider will be reimbursed in accordance with the otherwise applicable rate-setting methodology as set forth in this Attachment.

Temporary rate adjustments have been approved for the following providers in the amounts and for the effective periods listed.

Provider Name	Gross Medicaid Rate Adjustment	Rate Period Effective
North Country Homes	\$1,045,000	02/01/2016 - 3/31/2016
	\$1,621,300	04/01/2016 - 3/31/2017
	\$ 46,200	04/01/2017 - 3/31/2018
	<u>\$ 450,000</u>	07/01/2017 - 03/31/2018

Licensed Home Care Services Agencies:

TN <u>#17-0051</u>	Approval Date	11/01/2017
Supersedes TN <u>#16-0013</u>	Effective Date	07/01/2017