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State/Territory Name: New York

State Plan Amendment (SPA) #: 22-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 17, 2022

Amir Bassiri
New York State Department of Health
One Commerce Plaza
Suite 1211
Albany, NY 12210

Re: New York State Plan Amendment (SPA) 22-0006

Dear Mr. Bassiri:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0006. This amendment proposes to update New York's PACE rate methodology to align with current state practice and terminology.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation 42 CFR § 447.204. This letter is to inform you that New York Medicaid SPA 22-0006 was approved on June 17, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Suzanne Gallagher at 212-616-2482 or via email at Suzanne.Gallagher@cms.hhs.gov

Sincerely,

A large black rectangular box redacting the signature of Bill Brooks.

Bill Brooks, Director
Division of Managed Care Operations

cc: Daniel Carmody
Regina Deyette
Laura Grassmann
Michelle Levesque
Kevin Wright

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 2 — 0 0 0 6 2. STATE NY

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

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

4. PROPOSED EFFECTIVE DATE
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
§ 1902(a) of the Social Security Act and 42 CFR 447


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 04/01/22-09/30/22 \$ 0
b. FFY 10/01/22-09/30/23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B: Page 17

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B: Page 17

9. SUBJECT OF AMENDMENT
Programs of All Inclusive Care for the Elderly (PACE) Rate Methodology

10. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME Brett R. Friedman
13. TITLE Acting Medicaid Director
14. DATE SUBMITTED March 31, 2022

15. 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

FOR CMS USE ONLY

16. DATE RECEIVED
March 31, 2022

17. DATE APPROVED
June 17, 2022

PLAN APPROVED - ONE COPY TO BE RETURNED TO STATE

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Bill Brooks

21. TITLE OF APPROVING OFFICIAL
Director, Division of Managed Care Operations

22. REMARKS

New York
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1905(a)(26): Program of All-Inclusive Care for the Elderly (PACE)

Method of Reimbursement

The Department uses the following process in establishing rates:

The Department will determine the Amount that Would have Otherwise been Paid (AWOP) equivalent per member per month cost for State Plan approved services provided to an equivalent non-enrolled population group. Medicaid data sources that will be used to calculate the AWOP include data from the Managed Long Term Care (MLTC) Partial Capitation program, the Medicaid Advantage Plus (MAP) program, the Mainstream Managed Care program as well as fee-for-service and supplemental payments. This information; and/or any information received from the PACE provider, such as the provider's anticipated enrollment, projected utilization of services and costs, cost experience, and indirect/overhead costs; and/or any other relevant information, will be used by the Department to determine a per member per month capitation rate (which may also include certain incentive payments, such as quality and/or workforce development) for the provider that is less than the AWOP equivalent per member per month cost determined by the Department.

TN #22-0006 Approval Date June 17, 2022
Supersedes TN #02-01 Effective Date April 1, 2022