



# Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

JUN 08 2016

Re: Personal Care – 2016 Hotlines

Dear Administrator:

The purpose of this letter is to inform you of the publication of your revised January 1, 2016 – December 31, 2016 Personal Care and/or Consumer Directed program reimbursement rates, pursuant to Title 18 NYCRR Section 505.14(h)(7).

### Hotline

These rates reflect the initial 2016 notice rates transmitted to you in February 2016; with adjustment to reflect any acceptable appeal items properly and timely submitted during the 2016 expedited appeals process period. Attached below please find copies of your revised rate calculation sheets. The rate revisions noted herein have been forwarded to the Office of Health Insurance Programs – eMedNY system for payment.

### Trend Factor

The rates effective January 1, 2016 reflect the application of a 0% roll factor adjustment. The 2015 and 2016 trend factor components were both reduced to 0% in accordance with the enacted New York State Budget adopted for fiscal year 2015-2016.

### Worker Recruitment and Retention Adjustment

In accordance with Section 367-q of the Social Services Law, an adjustment is authorized to provide payment to personal care providers, located in local social service districts which do not include a city with a population of over one million persons, for purposes of improving recruitment and retention of personal care services workers. Pursuant to this legislation, to be eligible for an adjustment, a personal care services provider must submit to the Department of Health a signed certification statement attesting that the funds received will be utilized solely for the purpose of recruiting and retaining non-supervisory personal care services workers. In accordance with subdivision 1(g) of SSL 367-q, the Department is authorized to include total recruitment and retention reimbursement in an amount up to \$28,500,000 for the rate period 2016.

In accordance with subdivision 2 of SSL 367-q, the distribution methodology effective for the 2016 rates shall be in the form of a percentage add-on to rates of payments of eligible providers based on the proportion of each personal care services providers' total annual hours of personal care services provided to recipients of medical assistance to the total annual hours of personal care services provided by all non-NYC providers to recipients of medical assistance. The adjustments included in your non-NYC PCA rates effective 01/01/16 – 12/31/16 is based on the uniform allocation percentage add-on of 8.70 % determined in accordance with the statutory methodology to allocate the authorized funding of \$28.5M.

Also, included in the 2016 recruitment and retention percentage add-on of 8.70% is the adjustments to reimburse non-NYC personal care providers the uniform additional hourly FLSA add-on amount as determined in the recently published FLSA adjustment rates effective 10/13/15.

### **Aide and Training Ceiling**

The enclosed 2016 rates include an adjustment to the live-in ceilings for both personal care and consumer directed services to be based on 13 hours of care, consistent with the requirements of MLTC Policy 14-08 and consistent with the recently published rates effective 10/13/15.

### **Appeals**

An appeal by a provider whose rates have been changed by the expedited appeals process must be filed with this office no later than 30 days from receipt of this letter in an e-mail submitted to the Bureau mail log at [bltcr-pc@health.ny.gov](mailto:bltcr-pc@health.ny.gov). All appeals must be submitted in accordance with the requirements listed below. The additional 30-day period applies only to agencies whose rates have been adjusted through the expedited appeals process.

In order to file an appeal with this office, the following information should be provided:

1. A scanned letter, signed by the Operator or Chief Executive Officer, containing a detailed summary of the items of appeal and the DCN of any revised cost report submission. Appeals will not be accepted from consultants or accountants.
2. Supporting schedules or any other pertinent data NOT related to the annual cost report may be attached in the e-mail submission.
3. Any item of appeal that alters the cost data for the 2014 annual cost report requires that the revised report be filed electronically. The revised report must have a new Declaration Control Number and must be electronically recertified by both the operator and independent accountant, within the 30-day time frame.

**To be considered timely filed, the above-mentioned requirements must be met and the appeal e-mail submitted within the 30-day time frame indicated above. All other matters relating to the 2016 rates were subject to the original May 30, 2016 deadline.**

If you have any questions related to the methodology utilized in the calculation of your 2016 Medicaid rates or the accuracy of your rate, please contact Kathy Omecinsky at (518) 473-4421.

Sincerely,



Steve Simmons  
Director  
Bureau of Managed Long Term Care  
Office of Health Insurance Programs

Attachments